

ORAL HYGIENE

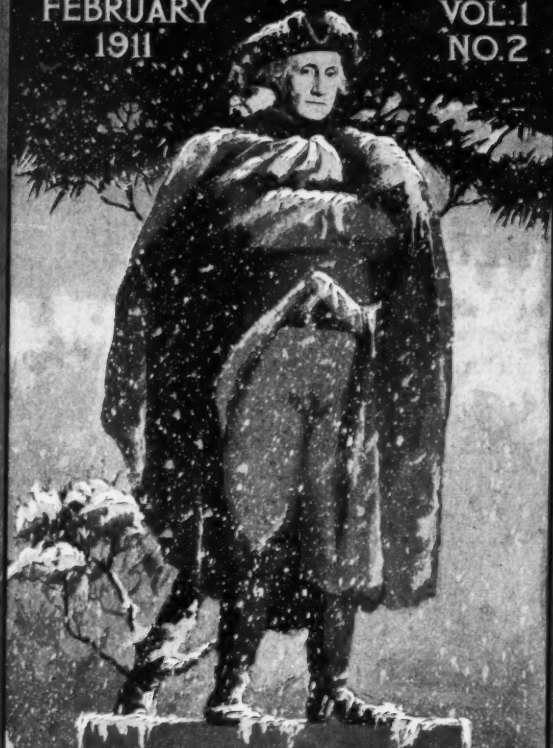
A JOURNAL FOR DENTISTS

EDITED BY

GEORGE EDWIN HUNT M.D.D.D.S.

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ORAL HYGIENE

A JOURNAL FOR DENTISTS

VOLUME I.

NUMBER II.

FEBRUARY, 1911

THE EDUCATION OF MR. TAX PAYER

H. C. SEXTON, D. D. S., Shelbyville, Ind.

In his illuminating introductory essay in the last issue the editor touched upon a number of methods for the education of the public to the needs of modern oral hygiene.

It was a noted Ke tuckian, I believe, who philosophically remarked that there was no such thing as bad whisky: some kinds were better than others but all kinds were good. Now if that remark were applied to all methods that educate the public in oral hygiene I could agree to it most enthusiastically. They are all good. There is no such thing as a bad method short of the use of a club with nails in it.

But the editor demands more than this. He wants to know the one that is best to be used in all circumstances and in all communities. And in that, so it seems to me, his soul is longing for an ideal and a perfection not to be found in this vale either in oral hygiene or aught else.

I have heard a story of the man of indecision who spent his life in a vain endeavor to find the one best way to kiss a girl. There were many ways he knew. One man advised one procedure, another man another, one girl this way, another girl that; but this man's soul longed for the one perfect method suitable to

all conditions and all circumstances. If he could discover it then he felt sure that he would live through all posterity as the greatest benefactor the age had produced. Beside his discovery that of Copernicus would sink into insignificance. The great astronomer was understood and appreciated by only one in a thousand; he would be understood and appreciated by the nine hundred and ninety nine.

But the poor fellow never found the ideal way and in his life time study of theoretical perfection he missed many delightful practical applications that were all in their way good.

Now in the moral of this story, if it has such an unpleasant thing as a moral, I do not wish to be misunderstood. I do not accuse the editor of missing the delightful practical applications to be met with by the way; but at the same time I think he is wasting gray matter in the search for the one perfect way; the primrose path so longed for by his idealist soul. In this imperfect world of sin there is no such thing as the one always best way. As in the killing of a cat there are a hundred ways and all of them are good, or as the Irishman might say, all of them are best, that is, speaking inversely from the view

of the cat. And like the practical man who kisses all the girls he can, whenever he can, and however he can, the last one seems to have been really the best.

But there is one method that the editor did not mention at all, a method which the dental profession today is ignoring on account of the prejudice created by education—that method is newspaper publicity, or to use the word that makes the super-ethical shudder, advertising. I see some hands go up in horror, but I ask these men to discard all preconceived ideas and consider the question as it stands today in its relation to the much desired education of the public.

First, to come down to fundamentals, what is the objectionable feature about advertising as usually practiced by physician or dentist? Undoubtedly the flaunting of his own skill, the glorifying of his own ego. When we see a man standing on the street corner praising himself with leathern lungs we are disgusted and the intelligent public is disgusted. That is quackish advertising.

But suppose a great epidemic of cholera was spreading itself over the country and the physicians of each community should unite in renting a space in the local papers in order to tell people how to care for themselves and thus avoid the infection, would that be quackery? Certainly not. It would be the work of the most enlightened professionalism, but advertising just as much as the other. My Webster defines the word advertise thus:—"To give public information or announcement of." It is not an epidemic of cholera that we dentists have to fight but a fearful condition of oral uncleanness—a condition that causes sickness and suffering to millions, and to some, I do not doubt, even death. Yet we hesitate about using all means within our power to open people's eyes to the fearful condition that prevails.

The public press today is one of the greatest of powers for good or for evil. Where religion and

the church will influence one man, the press will influence a dozen. The editor says the taxpayers are the ones who must be convinced; then undoubtedly the newspaper is the medium through which we can convince them since the daily paper is Mr. Taxpayer's bible. At any increased expense for medical examination or free clinics the papers are at once flooded by protests from Vox Populi, Old Subscriber and Old Citizen, says the Editor. Just so and those same papers are exactly the places in which to reply to them. To give lectures before school children will no more convince Mr. Taxpayer than will talking in Choctaw convince a Chinaman to cut off his queue.

On this question of publicity we dentists are slow, slower, slowest. What other profession or business in the world had they one half as worthy a proposition to present, but would ere this have made the country ring with it from one end to another? But what have we done? We have chosen wearily to walk the ties rather than to climb aboard the modern car of publicity, thus saving years of time on the journey. 'Tis true we did beat our way for a short distance riding on the bumpers but why not be the gentleman, pay our fare, go into the Pullman and enjoy life? Verily one would think our brains were as the brains of dead men.

Do you remember the beautiful idyl of Paul and Virginia and its tragic termination? Virginia after an exile of some years in Europe, whither she had gone to be convent educated, is returning to the beautiful Isle of France when her ship is wrecked upon the rocky shores of the same beautiful isle she seeks. Paul, awaiting her, sees the wreck from on shore, stretches out his arms to her, even seeks to plunge into the sea in a frantic effort to friends restrain him. It would be but suicide.

The wreck drifts nearer. Virginia is approached by a huge sailor who has cast off his clothes in order the better to fight the sea.

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THE BEST WAY

B. HOLLY SMITH, M.D., D.D.S. Baltimore, Md.

Why, the best way, I think, is to "get religion," not in any half-hearted spirit, but to awake to a full sense of our own shortcomings as teachers in our community, and then resolve, God helping us, we will be preachers and teachers of oral hygiene and will sacrifice our time and efforts to the promulgation of this doctrine. We need evangelists, such as Corley, Ebersole, P. G. and W. A. White, Wheeler and others. The revival must begin in earnest in the ranks of dentistry. There is a smoldering fire everywhere, but someone must fan it into flame. Cleveland's example shows the effect of enthusiasm and perhaps most vividly the necessity of "getting religion." If the members of the profession themselves are not awake to the beneficent character of their work and to the deplorable loss which some must suffer in the absence of their remedial efforts, if they are not willing to make sacrifices to help in this crusade, why, what's the use? We need to sing "Revive us again."

Let it be done with a song, with an editorial, with papers; or these not being effective, with a paper-weight or a "swift kick," something that will give an impetus to the movement. We need action.

A large percent of the men who practice dentistry need to be converted from the "public be damned" policy to the Christian idea that "to serve is a privilege" and the life and health of the community a responsibility.

That dentist who is so narrow as to think that the careful and conscientious for-a-consideration attitude to the few people who enter his office gives him the right to go to bed with a conscience, "void of offense toward man or God" needs conversion.

This is a missionary movement. The cry of the suffering poor should resound in the ears of all practitioners like the cry from Macedonia, "Come and help us." Only with this cry in our ears can we impress upon city councils, school boards and legislatures the necessity of its proper answer, and get their help.

DEFECTIVE TEETH AND DISEASE.

Within a few months Dr. Henry Upson, professor of diseases of the nervous system in the Western Reserve university, a man whose opinion is highly regarded by the medical profession, has published a little work on "Insomnia and Nerve Strain," in which he cites numerous cases where insomnia, melancholia, neurasthenia, dementia, precox and mania were discovered to have their origin in diseased or impacted teeth.

The bacteriologist has found the uncared for mouth the best possible place for the cultivation of bacteria, and as nearly all bacteria enter the body through the mouth, the importance of the care of the mouth and teeth as a factor in maintaining public health is established. Disease germs lose their strength and activity when the mouth is kept clean and this is true of the germ of pneumonia which is present in at least 15 per cent. of the human mouths. If the mouth is well cared for the danger from pneumonia is very much reduced. This disease frequently follows another, and in preventing this the cleanliness of the mouth is of great importance. Ear trouble and eye trouble, swelling of the glands of the neck are often dependent upon dental diseases.

SOME POINTS IN PROPHYLACTIC TECHNIC

MINNIE MASTERS HOWES, D. D. S., Indianapolis

When a patient presents for treatment, I first examine the mouth thoroughly, point out any inflamed areas, pus pockets or loosened teeth, and show them the deposits on the teeth. If they see the exact condition of their mouths they will see the great necessity for treatment and have a greater interest in the personal care of their mouths. I also examine the operative work to see if there are any roughened margins of fillings or any ill-fitting crowns or bridge work. You cannot have a healthy condition as long as there is a constant irritation of any kind. And, by the way, it is necessary to work very carefully around porcelain inlays to avoid injury to their delicate margins.

Before beginning to operate, I wash out the mouth with an antiseptic solution. I first remove the heavy deposits about the necks and crowns of the teeth, using for this purpose the D. D. Smith Scalers Nos. 1-2-3-4. All instruments are immersed in an antiseptic solution when not in use. Then I remove all deposits on the proximal surfaces, using the Younger set of instruments where the teeth are in close contact. The Younger instruments are very delicate and nicely adapted to this part of the work. After removing the heavy visible deposits, I remove any deposit I may find in the deeper pockets about the roots of the teeth. For this part of the work I use the Logan-Buckley and Jameson sets of pyorrhea instruments. I also use the Smith files where the surfaces of the teeth are very rough.

After the teeth have been thoroughly scaled I polish each and every exposed surface with Buf-

falo flour of pumice. I use wooden shoe pegs in a porte polisher for this purpose. You can buy the shoe pegs at five cents a quart from the wholesale shoe dealers. Before using, they should be boiled to thoroughly sterilize them. I make the points flat and round on the end, so that I can use them without irritating the delicate gum margins. I like the shoe pegs better than orange wood. After the teeth have been polished, I take a waxed flat ribbon dental floss and pumice stone, and polish the proximal surfaces of all the teeth; being careful not to injure the solid tissues in the interproximal spaces.

At the first sitting I massage the gums; showing the patient how it is done and instructing him to do this about five minutes each day, as long as it is necessary. I use the thumb and first finger, catching as high up on the gums as possible, the finger on the labial and thumb on the lingual surface and pull down over the teeth, gently at first, if the gums are sore and more vigorously as they become harder. Reverse the motion for the lower teeth. This will make the gums hard and firm and start up a healthy circulation. It will also check recession of the gums if persisted in, and, in many cases, will pull them back to their normal position about the teeth. The teeth and soft tissues of the entire oral cavity are now sprayed with an antiseptic wash under heavy air pressure, forty or fifty pounds. The spray is directed into all pockets, distending them and washing out all pumice and debris; the teeth are thoroughly washed, especial attention being directed to the free gingival gum margins, the tongue and mucous

lining of the mouth are cleansed with the greatest care and circumspection. This phase of the treatment is the one most appreciated by the patient. The sense of cool cleanliness left in the mouth by the spraying is something that must be felt to be appreciated.

I then instruct the patient how to brush the teeth. Place the brush as high up on the gums as you can, with bristles turned upward and with a rolling downward motion thoroughly brush all surfaces of the teeth and gums; brush in the same manner on the lower teeth, except the position of the brush and the movement are reversed. Be careful to always brush the gums toward the necks of the teeth.

Everybody should use a good stiff brush with plenty of life in the bristles, and they should have at least two brushes, since a brush used in the morning is too soft to use again at noon; it will not be dry. I also instruct the patient in the kind of brush to use. One style of brush will not suit every case. A brush should have bristles uneven in length and with plenty of space between the bunches of bristles, so that it can be properly cleansed. The bristles should be stiff, for a soft brush will do little good. Skill and care, and not force, are required to secure the best results. Brushing crosswise often forces food into the spaces between the teeth where it does the most harm. It is these spaces that are most difficult to reach with the brush, therefore decay occurs here very readily. Where the gums are spongy and loose, a good astringent mouth wash is necessary.

After the first treatment, the gums are apt to be sore, so I have the patient use bicarbonate of soda. Take a teaspoonful in a third of a glass of warm water and rinse the mouth often until soreness in the gums has disappeared. Give the patient all the instruction you can in the proper care of the mouth and teeth, and when they return for their next treatment, point out the places, if any, they have missed. If it is a very bad case, I have the patient

return in a week for another treatment. Then after that, once a month is usually often enough, although there are cases that every two weeks would not be too often to see.

Case 1. A. presented for treatment. She was sent to me by her regular dentist. I examined her mouth and found a deep pus pocket between the lower lateral incisor and cuspid, the pocket extending on the labial and lingual surfaces of the incisor. There were also pockets between the upper right and left bicuspids. The process on the lingual surfaces of the superior right and left first and second molars was absorbed until the lingual roots were almost entirely exposed, and pus was constantly forming. The gums about all the teeth were soft and spongy. She said she had never experienced any pain or discomfort from the gums or teeth and did not know she had pyorrhea until told so by her dentist. She had taken as good care of her teeth as she knew how. The crowns of the teeth were very clean.

I gave her two treatments. At the first I went over all the teeth, scaling and polishing as best I could, and gave her all the instruction I could in the care of the mouth and teeth. The next treatment consisted of work about the roots of the teeth and in the pus pockets. I scraped and polished them the best I could. I also went over all the teeth again, removing all the deposits I could find. This was in July. The patient went away and I did not see her again until the 15th of September, when she came back for treatment. At that time there was still trouble around the upper molars and the lower lateral incisor. The rest of the mouth was in good condition and showed that she had done all she could so far as her part of the work was concerned, but the brush she had been using did not reach the deeper exposed surfaces around the superior molars. There was still pus in the pocket around the lower lateral incisor and the gums in this region were

congested. I polished the roots of these teeth again thoroughly. I went over all the teeth again, scaling and polishing as thoroughly as I could. I had her get a small cavity brush and a syringe to clean these places better and had her use an astringent wash three or four times a day. She massaged her gums faithfully. In a week she came for treatment again. I went over all the teeth again, putting them in a perfectly clean condition. In a month she came back for treatment. There was no pus in the gums and no congestion. She has been taking regular treatment since last September, every four to six weeks. Her mouth is now in a perfectly healthy condition. I have had her most earnest and faithful co-operation in the work, which is most important. She absolutely refuses to eat anything between meals, saying she does not want to get her mouth dirty. It is patients of this kind that make the work a pleasure.

Case 2. B. was referred to me by A. She had been experiencing great discomfort for three or four weeks. I was called to her home one Sunday morning. She had been unable to rest or sleep on account of the pain the night before. Her gums were swollen and congested; they were so sore she could take nothing but liquid food and the molars were all slightly loose, some more so than others, but the gums had not receded much. She was so nervous from pain and loss of sleep that she cried the first ten or fifteen minutes after I began the treatment. I worked for an hour and a half on her mouth, removing only the superficial deposits and polishing the crowns and necks of the teeth, and by the time I had finished she was almost asleep. A week later she came to the office for treatment and I found that the gums were in a much better condition but still sore and slightly congested, and the molars were still loose. This time I went over all the teeth, removing the deeper deposits and polishing them thoroughly again. She came for treatment again in

a week. This time the gums showed great improvement, but she has not been as faithful in her part of the treatment as she should have been, consequently she had improved slowly. I gave her a thorough prophylactic treatment this time, and repeated all the instructions to her. She came back again in two weeks. I just polished the teeth thoroughly this time and sprayed the mouth. The molars were firm and the gums greatly improved. After that she came for treatment once a month for about six months. I have not seen her now for three months, but her mouth was in good condition the last time I gave her treatment.

Case 3. C. is a lady about forty years of age, a teacher in the public schools. She had been suffering from pyorrhea for a long time. Her dentist told her she had pyorrhea but also told her there was nothing to do but get along the best she could until finally the teeth would all become loose and drop out. She was suffering from indigestion and constipation because the gums were so sore and congested she could not masticate her food properly. The pus from the pyorrhea pockets was poisoning her system and she was suffering with kidney trouble. She was on the verge of nervous collapse. She cried all the time during the first treatment. Her teeth were so sensitive that I could accomplish very little at the sitting. I removed the heavy deposits and polished the exposed surfaces of the teeth. I then washed out the pus pockets and sprayed the mouth with an antiseptic solution and massaged the gums very gently. She was still suffering when she left the office, but in an hour or so her mouth and teeth became very comfortable and she was able to sleep soundly all night, something which she had not done for a week.

I gave her treatment every other day, taking as many of the teeth as I could at one sitting. Some of the teeth were loose. There was a slight recession of

(Continued on page 93)

PAYING OF ACCOUNTS

By GEO. F. BURKE, D. D. S., Detroit, Mich.

During many centuries, the law of England, like that of most other countries, was that a debtor should be imprisoned.

Many of us know, perhaps, several individuals with whom we would like to even matters up by sending them to such a place, but fortunately for the debtor class the laws have become more lenient and they escape such punishment, though in some cases this penalty is none too severe.

In the average dental practice there are three classes of patients, viz., those who pay accounts promptly, those who are slow in paying and finally those who refuse to pay. It is with the latter two classes that we have difficulty and it is these that we shall consider, together with ourselves, in this paper.

Progressive and up-to-date merchants, as a class, do not deliver goods without first ascertaining some particulars in regard to their customer's credit, but it seems that many dentists are perfectly willing to undertake frequently very extensive operations for patients without first finding out the credit of these patients, which is a very great mistake.

Reliable reports of this kind can frequently be had through progressive grocers in small towns, and in larger cities through credit companies, concerns whose business it is to find out how individuals pay their landlords, grocers, butchers, druggists, etc. Any prospective patient, who is either slow or refuses to pay his grocer, is very apt to treat his dentist in the same manner.

After a patient has called at your office and you have secured name and address and ascertained patient's credit, ask for payment in advance if patient's record is not good. In case you are refused just let the patient go to those who be-

lieve it profitable to perform dental services for that kind of people. In the meantime you will be conserving your nervous energy and will find more time to do some profitable reading.

Most of us know many cases where well-meaning patients meet with misfortune, either through sickness, financial reverses or other causes and are placed in a position where they cannot meet their obligations. These in a great many instances, are deserving of our sympathy and aid, and credit should be extended to these people even though our hopes of securing payment for our services are very slight.

On the other hand, there is a certain undesirable element in nearly every locality, who do as little work as they possibly can and extend their credit in every direction possible. They have an abnormal appetite for many of the better things in life and pay for things only when they are compelled. They have no conscience and treat the people they owe with utmost indifference. Such people are parasites and frequently rush to the younger men in our profession. It is against this class in particular that dentists should fortify themselves, by ascertaining prospective patient's credit.

There are among dentists altogether too many poor collectors. Many believe they will offend certain patients if collections are followed up eagerly, which is true in some cases, but, with most of us our ability to pay depends upon our ability to collect accounts and a poor collector is very apt to be slow in settling his own accounts. It is infinitely better to establish the reputation of being a good collector.

Statements for professional services should be mailed out on the first day of each month, except

when there is an understanding to the contrary. When there is no response, where a bill has been sent out for the second or third time, it is well to write a short and courteous note calling their attention to the oversight, and if here is still no reply good results are frequently had by having the office girl call, and if this method does not bring about a settlement it is just as well to turn it over to a good collection agency or lawyer. Unless the amount involved is considerable it is not well to bring suit, as the expense and trouble of carrying on the suit will amount to more, in many cases, than the total of the bill. Accounts should not be allowed to run for several years; an effort should be made to collect them reasonably early, as the longer they run the greater the chance of losing them entirely.

The minimum of trouble, relative to handling our accounts is had by exercising due care in regard to extending credit. The failure of many merchants is ascribed to the fact that credit was extended too liberally, and a great many dentists would perhaps be better off if they had not allowed themselves to be imposed upon so much.

There are many dentists who pay their accounts promptly, but with some there is much negligence in this matter. Quite a number never seem to have "a clean slate," which acts very much to their disadvantage. A very much better method would be to borrow sufficient money from a bank to pay their obligations, thereby giving the fact that they are in debt much less publicity. Other things being equal, the man who pays his bills promptly is more apt to receive patronage from people with whom he deals in a business or professional way than the one who is slow in meeting his obligations.

According to a well-informed dental dealer only about 24 per cent. of the dentists take advantage of discount, and in view of the fact that he can make his money earn him 11 per cent., by depositing \$90.00 with his depot,

the number of those who take advantage of discount is very small.

When a dentist buys \$200.00 of dental supplies in a year and does so by depositing \$90.00 twice a year, he makes his investment pay him 22 per cent. Very few of us have such opportunities for investment. Professional men do not make their money go as far as they should.

In mercantile lines the discounts run 2% 10 days, 2% 30 days, etc., and though these are small, still quite a number pay dividends only from funds made from taking these discounts.

In a town not far from Detroit there lives a very well-educated and talented dentist, but in everything pertaining to business he seems to have anything but a clear understanding. He has remarked that he never sends out a bill except when requested and it is needless to say that he has to be forced to settle his own accounts. The substantial business men in his locality do not take him seriously; they call him "Doc." This man would occupy an entirely different place in the minds of his fellow-townsmen if his conduct relative to business transactions was more in keeping with proper business standards.

Finally, success in dental practice, as in other callings, does not come easily; it comes to most of us only after much work, study and perseverance, but it helps greatly to have it said of us that we are "good pay." We should bear in mind the old axiom that "short credit makes long friends."

—Dental Summary.

A young soubrette rushed to her dentist the other day in agony. One of her wisdom teeth was ulcerated. The dentist, who, by the way, had supplied her with the most dazzling of her front teeth, told her that there was nothing to it but to pull the tooth. "Very well, doctor," remarked the actress, with a sigh, as she removed the plate, "I suppose I'd better take out my orchestra chairs so that you can get at my back rows."

THE IDEAL REALIZED—A DENTAL INSTITUTE WITHOUT FORCEPS

By Dr. GEORGE CUNNINGHAM

Organizer of the Cambridge Dental Institute for Children

Read Before the American Dental Society of Europe

The nation begins to recognize the question. Statistics are telling. Professor Osler has said that the effects of bad teeth are worse than those arising from the abuse of drink. These statistics should not paralyze. It is said there are not enough dentists to go around. The demand will create the supply. State dentistry has come to stay. Thanks to Sedley Taylor and Cambridge Borough Council we know what can be done, so far as our schools are concerned. We concentrate our treatment on the children of 6 to 8 years of age. That is the one and only way, unless you have a gold mine at your back.

Temporary teeth. Let them go. Temporize and assuage. Concentrate on the molars and a clean mouth.

In 1908, at the London meeting, we reported *re* "the Infantry" and ventured to predict the diagram showing an ever increasing number of unsavable molars with each year of school age, that the future life history of unsavable teeth would be greatly altered.

In 1910 we have no unsavable molars within the limit here given, and we guarantee carrying those already treated beyond school life, if inspection and treatment are continued.

I claim that Sedley Taylor laid down the keel of the first Children's "Dreadnought." No extractions. No application of cold steel in the shape of forceps. Attract, do not deter. The educational effect on other children, other parents, other teachers, others of all classes, is incalculable. It is the abolition of the greatest obstacle to the work of

the dentist, viz.: dread of his services.

It should be distinctly remembered that they had not the autocratic power of compulsion. However, firstly, they had conquered the antagonism of the parents by their mothers' meetings, and the sympathetic help of the teachers; secondly, they had gained the confidence of the children by the fact that at the Dental Institute no extractions were made; and lastly, they had shown by reliable statistics that the age limit for treatment was during the seventh year. The sooner that knowledge and experience was assimilated by the Board of Education, the sooner would the nation have the benefit of a health conscience as far as the teeth were concerned.

Our problem in Cambridge was to do the utmost good to get the greatest benefit for the greatest number, making it expansive if possible, with a limited and unfortunately inexpensive income. The only solution was to start with the youngest, and once we had treated a child we assumed the responsibility of keeping its permanent teeth in good condition until it leaves school, without recourse to the forceps. Consequently our age limit will advance one each year for previous patients. We deemed it better to make the teeth of nine children with one decayed tooth artificially sound, than to spend more time in making one child with nine decayed teeth artificially sound. It is getting a maximum advantage for a minimum expenditure.

I place this plan before you as a practical scheme for attacking

the evils that are inevitable. It has been tried, and not yet been found wanting. It is no longer a gospel of hope, it is a gospel of certainty, and not one of despair.

I intended more than that to be read into my opening sentence as to what each and every one of us may attempt, providing you will help. We cannot all imitate Mr. Sedley Taylor, the *deus ex machina* of Cambridge, and provide the funds to carry on a Dental Institute. It is not possible for us all even to persuade those in authority—and their masters, the ratepayers—to provide those funds from the rates. But may I read just one more sentence from our report to show what I should like to persuade you all to attempt? "It is manifestly of much greater importance to prevent caries in the teeth than to cure it." Our tenet has always been, "Clean teeth do not decay." As a bald statement it may be open to some discussion, but as an underlying principle it is unassailable. There may be, and indeed there are, other contributory causes of caries, but uncleanness without doubt is chief.

What each and every one of us can do is to insist that those in whose charge children are should have the opportunity of learning the importance of the care of the teeth in childhood, and the best way to prevent caries.

It seems somewhat incongruous that teachers are supposed to give some teaching about the hygiene of the teeth, when they themselves have not had the opportunity to acquire even the most rudimentary knowledge concerning them.

Most of the school children's parents have neither the means nor the desire to provide conservative treatment for their children's teeth. This simply arises from a lack of knowledge of what is possible, and which it is now our duty to provide. Their ideas of teeth run in a circle; toothache, sleepless nights, then the forceps, and one after the other of the teeth, which Nature meant to last a lifetime, are sacrificed. Consequently the dread of the forceps has been one of the greatest ob-

stacles to efficient treatment by the dentist. Therefore we determined to abolish the forceps in treating permanent teeth, and so far have succeeded.

When the first opposition the Corporation of Cambridge had to meet, viz.: the approval of the Board of Education as to their scheme, was under discussion, the Rev. C. Joseph made an illuminating note that they wanted to thrust this dental treatment on them whether the parents were willing or not. They were anxious that the children's teeth should be seen to in the interest of the health and efficiency of the whole country.

May I endorse the action and congratulate those who are initiating toothbrush clubs? Some time ago I visited the Shepperton Road School in London, and saw the working of a splendid effort the head mistress, Miss Wright, and her staff are making in this direction; and I can assure you the result is very pronounced and pleasing, despite the fact that the brushes are far from being ideal in size, form or consistency. Such efforts are feasible in every school in this country, and the end is just as sure. Those of you who have experienced the discomfort which attends the filling of a tooth will, I am sure, endorse my statement that the method promises to be much more pleasant. Lest you should think that with the subject constantly before me, I incline to exaggerate its importance, let me requote what Professor Osler has said: "If I were called upon to state which of the two, in my opinion, causes the most evil, alcohol or decayed teeth, I should unhesitatingly say decayed teeth."

Knowing full well my world and its environment, having been both patient and operator, I am convinced that the elimination of fear or dread of pain in the dental chair is the one and only the true solution of how our teeth can be saved. Alas! too late for us, we learn. Yet, happily, not too late for our children, provided they are not much more than 7 or 8 years of age.

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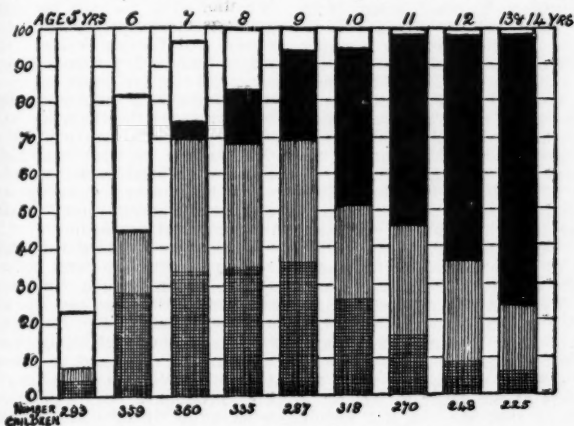
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This is a work of national importance, irrespective of party, class or creed.

Any plan for the dental treatment of school children must be somewhat restricted at present by the presence of unsavable dentures. In private practice many of these teeth could be saved by crowning and other costly methods of procedure, which would be impracticable in a public institution. An unsavable tooth has a ruinous effect on the whole den-

years who have one or more permanent molars. From the eighth year upwards all the children have some permanent teeth, and consequently each column represents 100 per cent. The uppermost clear parts of the columns represent the percentage of children who have one or more "unsavable" permanent teeth each. The remaining parts of the columns represent the percentage of children who have carious teeth, all of which are savable. This lat-



The height of the column indicates the Percentage of Children Having Permanent Molars. the shaded parts of these columns show those with sound and carious teeth.



ture, since it renders the one opposite to it in the other jaw valueless, and much more liable to caries. When both sides are thus affected (which is almost invariably the case with older children) any treatment such as a school dentist could apply could be of no permanent value. The fundamental principle of Cambridge has been prevention rather than care of already existing evils.

PERCENTAGE OF CHILDREN TREATED.

The height of the first three columns represents the percentage of children at the ages of 5, 6 and 7

ter class has been subdivided into those treated and made artificially sound (as shown by the darker shading) and those having carious teeth who were not treated (as shown by the lighter shading).

This diagram, in addition to representing graphically what has been accomplished by fillings during the past year, shows, by the difference which exists between the two lightly shaded portions of the columns, what might have been affected had means and parents' consent permitted. A con-

(Continued on page 124)

EXTENDING THE FIELD OF DENTISTRY

By W. C. EBERSOLE, M. D., D.D.S., Cleveland, Ohio

The subject of "Extending the Field of Dentistry," which has been assigned to me by the Editor of The Summary, is one so broad in its scope that the writer is troubled to know what phase of the subject he shall select from the many which present themselves for discussion in a paper under the above title.

To attempt to discuss this subject from all its different aspects would make a voluminous paper, and would inflict a hardship upon the writer which he is not at the present time willing to assume.

It is our belief that the Editor in securing our promise to write a paper on this subject intended that we should devote the major part of our attention to that phase of the question which bears more directly upon the opportunity afforded in dealing with the laity.

While this is a most important, if not the most important phase of the subject, we do not wish the readers of the paper to feel for a moment that we are not keenly alive to the possibilities which lie in other directions.

"Extending the Field of Dentistry" in its relation to the laymen, while, as stated above, a most important, if not the most important phase of the question, is by no means the most difficult of accomplishment.

To extend the field of dentistry through, with, and in the profession is the most difficult task which presents itself to those who are ambitious to see the profession advance to, and maintain the rank which belongs to it if it will but meet the obligations which the world has the right to expect and should receive at the hands of this profession.

This phase of the question is not a popular one. Few of us are willing to pause long enough to consider our own shortcom-

ings when we can look ahead and see where we can probably advance by ignoring or covering up our own deficiencies while we point out the neglect of others.

We have been somewhat severely criticised in the past for calling attention to some of the shortcomings of the profession. None regret that he has found it necessary to criticise more than the writer himself; and, none knew better than he the effect his words would produce when they fell under the eye or upon the ear of those who "feel called upon" to exert their energies in "protecting" the "dignity" and "wisdom" of the dental profession.

The writer would that he might accomplish the same end by using words of praise and commendation rather than the reverse when attempting to stir men to the realization of their full obligation to mankind. Praise and commendation are well in their place, and are productive of much good when properly applied; but, it is the tongue and pen of the critic that has stirred the best and broadest of men to perform the noblest and grandest works mankind has produced.

Therefore, dear reader, if some of the statements made and the criticisms offered are such that they touch your vanity and tend to lower the pride you feel in your profession, just bear in mind that we are writing with a view of inspiring you to put forth your best efforts to aid in the correction of faulty conditions which exist; and, thus assist in placing the profession in the status to which she is justly entitled.

"Extending the Field of Dentistry." With from 95 to 97% of our public school children showing faulty conditions as has been proven in connection with the public schools of both Boston and

Cleveland; and with careful estimates showing less than 10% of the people receiving any care and attention, from a dental standpoint, other than extraction, there is a wonderful opportunity for the extending of the field of dentistry in this direction.

The condition is an appalling one, and who is responsible? We regret that we must acknowledge that to the dental profession more than to any other influence belongs the credit for this status of affairs.

The medical profession must bear its share of the blame; but, to dentistry and not to medicine, belongs the duty of enlightening the public as to the proper care and treatment of the oral cavity.

Dentistry of the past has been dentistry devoted principally to the care, treatment and correction of existing conditions, giving little or no thought and consideration to the prevention of the faulty conditions, which it was called upon to handle.

It is true that there were isolated cases where men were making heroic efforts to call the attention of the profession to the necessity of taking up this side of dental practice; but fewer men still were making any special effort to create in the minds of the laymen a sufficient interest to induce them to properly use and care for their mouths.

To properly treat and correct faulty conditions of the oral cavity is indeed a noble calling, and so great the need of the same that the members of the profession might well turn their time and attention in this direction alone; and well has it been done; but at what a fearful cost to humanity.

I repeat that more than 97% of humanity is in need of dental services, and that less than 10% receiving proper care and treatment, are the conditions which we find existing with the laity.

Let us look for a moment at the professional side and what we find there.

Let us travel from coast to coast and from the Great Lakes to the Gulf, and let us study the dentists, great and small; and I will

ask if it is too much to say that less than 3% of them are earning more than a comfortable living, while the great majority of the remaining 97% are merely eeking out an existence while seeking to care for the faulty conditions which exist in the American mouths today.

Is my statement too broad? Let us see. I would only quote Dr. Lewis T. Jack of Philadelphia, who said, in speaking of Philadelphia dentists, that of all he had known but one ever made more than a comfortable living.

An alarming condition, is it not? Both on the part of the laity and the profession.

We have said that the dental profession was responsible for existing conditions. We would not criticise. We would not condemn. Our sin has been one of "omission" and not of "commission." We have done the best we knew. We have fought valiantly and well to save the teeth of humanity.

And yet, after all these years of constant and untiring effort to perform our duty to humanity, we find that for every ten mouths receiving care and treatment practically ninety are being neglected.

Could there be any more conclusive evidence that we have failed to perform our full duty to mankind?

We have stated that our sin had been one of "omission" and not of "commission." Our failure has been in our interpretation of our code of ethics. Certain rules and regulations have been laid down for the control of the profession, which related to their obligation both to the laymen and the brother practitioner.

We have no fault to find with our code of ethics. It is the interpretation usually placed upon the same by the members that we would criticise.

Ethics, briefly stated, is the science of human duty. It is the law which covers our obligation to our fellow being. Professional ethics is, therefore, the science which should teach us our obligation to humanity, and instruct us how to execute the same.

There has been some false move

somewhere, else humanity would not be floundering in ignorance as she does, and dentistry be hovering on the threshold of poverty.

No other profession or calling offers so great an opportunity either for the development and advancement of the individual entering the profession, or to benefit and improve the physical condition of mankind than does dentistry through the treating, correcting and preventing of a condition which is the greatest handicap of the human family today.

Again I would call your attention to the fact that 97%, and more, of humanity has been found to have faulty oral conditions. Careful estimates show that less than 10% of the people of the United States receive dental care and treatment other than extraction. This, coupled with the statement made by one who has spent a number of years in constant contact with the members of the dental profession and their patients, who says, "Of the 10% of humanity receiving care and treatment other than extraction, but few receive more than a small percentage of the dental service necessary to keep the oral cavity in a perfectly healthy condition," places us in possession of a knowledge of the actual conditions which are simply astounding.

Let us figure for a moment and see just where we stand. Say that we have eighty millions of people in the United States, of whom only 10%, or eight million, are receiving any care or treatment other than extraction, and we have left seventy-two million who receive no care or attention from this standpoint other than extraction.

It is said that there are thirty thousand practicing dentists in the United States. It therefore requires thirty thousand dentists to give to eight million people the kind of service that is being rendered today. But we have 90%, or seventy-two million of the inhabitants unprovided for, and therefore if it takes thirty thousand dentists to afford the present kind of care and treatment for

10% of our people, it will require three hundred thousand to give the same kind of care and treatment to all the people in the United States. But, our friend of experience with dentists and their patients states that the eight million receiving care and treatment receive but a small amount of the service necessary to place and maintain the oral cavity in a perfectly healthy condition.

Let us be conservative, and say that 50% of the needs of the eight million people are being properly handled by the dentists of today. If this is a conservative estimate, and we believe it is, then we must double our estimate, and we will find that we would need six hundred thousand dentists to care for *all* the people of the United States as they should be cared for. Some room to grow, don't you think? And, some fault somewhere, else there would not be such a condition. That fault lies with the Dental Profession.

The fault has been in our failure to teach the importance of the teeth to the masses, instead of but to the few. We have kept our light under a bushel, as it were, not letting the knowledge of our accomplishments and abilities reach humanity as a whole.

We have not kept pace with medicine in this respect, because we have lived within four walls and the result of our discoveries and our inventions have been confined within the same space, while medicine has gone out into the highways and byways carrying knowledge of the advancement made in her sphere.

Our sin of "omission" has been in not preaching and teaching the important part that the teeth bear relative to the physical economy and the necessity of affording them proper care and treatment.

But, how shall we do this? We would offer as the best possible manner of procedure, the plans and methods recommended and employed by the Oral Hygiene Committee of the National Dental Association, from which I quote:

"After careful deliberation the Committee agreed upon a plan for

a campaign in which the three greatest educational factors in this country should be used in spreading the Oral Hygiene propaganda. The Public School, the Public Press and the Public Platform."

The public school educational system proposed is as follows:

"First: To make a cursory examination of the mouth of each school child and the sending into the home of a record of that examination, bringing to the parent or guardian a knowledge, perhaps the first knowledge, of a faulty oral condition. We advocate the appointment of one examiner to a school as the best method from an educational standpoint. There are two reasons for this, first, Johnny Jones may be examined today and takes home a blank; next week his sister Mary is examined and a similar blank is taken home, and the following week his brother Samuel falls into the hands of the examiner and for a third time the attention of the parents is called to the importance of the mouth in its relation to the health of their children.

"The second reason is that the frequent visits of the examiner to the school brings to the minds of the children seeing him there, the importance of the mouth and teeth, and the psychological effect is of great value.

"The second step in our school educational system puts into the schools, when the examiner has finished and the parents and pupils are prepared for them, a system of lectures which explains the purpose, use, care and treatment of the mouth.

"Third, and last, in the school educational campaign is the establishment of the dental clinic, not for the purpose of relieving Mary White's toothache, nor for the filling of numerous cavities in the teeth of Jimmie Jones from a philanthropic standpoint. Oh, no! But to make it possible to secure data which will show the value of the healthy oral conditions as related to the working efficiency of the child from the economic side of the question so that the municipi-

ality or state may be induced to take up the work of teaching the proper use and care of the teeth and oral cavity.

"The value of this system of education is to be obtained from the school reports of the pupils, preceding and following treatment.

"The Public Press Educational Campaign proposes to give to the press and public, information and data which would produce a knowledge of dentistry and its importance to the health and welfare of the human family; which would place dentistry in the sphere where it belonged in the public mind; and forever silence the ridicule that has pervaded the public press when dental topics were discussed.

"The Public Platform Educational Campaign proposes the locating, selecting and organizing of a corps of lecturers capable of handling any kind of an audience from a Mothers' Club on through the various organizations up to and including the various committees of the United States Senate.

"Last, but not least it was proposed to establish a Bureau of Education and Information which should deduce and correlate from the results of the work in the three great departments mentioned. Public School, Public Press and Public Platform, the data necessary to secure the greatest cooperation between the various branches of the work and thereby make the work in each branch most effective.

"We wish to state that the Bureau of Education and Information has been established and data and information are being collected which will enable us to go before the world, not with unproven statements, but with statements so backed by facts and figures that no possible question can be raised as to their value. Put your statements, facts and figures in dollars and cents, if you would reach the American people and the governments they control.

"We will also say that a mon-

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THREE ASPECTS OF DENTISTRY

Dr. W. A. L. KNOWLES

Read Before the San Francisco Dental Association, October, 1910

First and most important is the professional, second the business, and last, and so often confounded with the business aspect, the commercial.

To deserve and earn the respect and good will of his patients, friends, and fellow practitioners is the first aim and object of one who strives for the best as regards the professional aspect. He endeavors to improve himself, render more efficient his efforts, more useful his operations, more painless his procedures, more active his brain and more deft his fingers. He is constantly reaching forward, not satisfied with today but hoping to do better tomorrow. He eagerly seeks information, grasps quickly that which is beneficial and useful and adopts it. He keeps in touch with all that is new and novel in the literature of his profession. He anticipates with extreme pleasure the meetings of his local, state and national dental associations and faithfully attends such as he is able to, carefully reading all published literature relating to those at whose sessions he was unavoidably absent. He pays fraternal visits to his professional brethren and notes with satisfaction that in almost every instance he receives or imparts desirable and useful information. He scans the advertising pages of the journals in quest of whatever is novel and frequently learns of something that will if adopted and made use of by himself be of benefit to his practice. He peruses with much satisfaction the printed discussions following the reading of papers and essays, and often finds them far more interesting and instructive than the papers which called forth the discussion. He adopts

every method which seems to promise better results.

By such careful and conscientious attention to his profession he is bound to succeed, slowly, perhaps, at first, but none the less surely. His foundations are built upon rock and cannot be shaken loose and as his superstructure gradually rises he will note with satisfaction its beauty as well as its utility. It moulds itself to his own character and becomes a portion of himself. His very earnestness will attract patients to him, and of the very best obtainable class, who as long as he cherishes and nurtures his ideals, will remain steadfast to him. This is much more satisfactory to his inward self than where dollars and cents are the sole consideration. He feels that his life has not been spent in vain, that he is useful to humanity, and that he is in his humble way assisting in forwarding the plan of world advancement.

As he thus goes forward, he sees better things ahead, perhaps at that time considered unattainable, but with earnest effort he is able to reach and pass beyond them to others still more difficult of access. Perfection is always still further in advance. It should be his aim that if he is unable to make his profession any better, he will at least leave it no worse for his connection with it.

Material conditions may, and usually do intrude themselves and his attention must be directed to the financial as well as the professional aspect. Idealism may satisfy the debtors but creditors often clamor for something more material, and in honor their demands must be met. To be successful, then, one must consider

the profession from the financial standpoint. There seems to be much difficulty the world over in the combination of artistic and materialistic temperaments, but such intermarriage is not impossible. Lamentably, professional men are not usually business men. Equally unsatisfactory is the fact that the more scientific and professional the man, the smaller is the aggregate of his worldly possessions. But this again is not absolutely necessary. Speaking particularly of dentists, there are very few who have accumulated a competence by the practice of their profession. More cease their efforts from disability with the shadow of want and deprivation in view than live to shelter themselves under the umbrella of prosperity.

Various are the causes of this deplorable condition, but first and foremost is the lack of business ability. The business aspect requires as much effort for success as does the professional.

First to be considered are the surroundings of the dentist. His office should be neat and clean. His tastes will be shown in the selection of the objects with which he surrounds himself. That which is simply showy or gaudy should be avoided, as it will offend many of the class which he is desirous of attracting. Modesty and simplicity, order and cleanliness should be his motto, not only for himself but his surroundings. His offices should be free from dust, sweet smelling and airy. Fresh air costs nothing and is worth everything. Sunshine may fade the carpets but it destroys germs, eliminates odors and adds cheer.

The linen should be spotlessly clean, of the best quality that can be afforded, and plentiful. He should be as careful to select his patients as they are to choose him. He must avoid catering extensively to any undesirable class. Under this heading may be considered prostitutes, Chinese, Japanese, Indians and Negroes. He should be humanitarian to such degree that he would never refuse his services to those in dis-

tress, but in dealing with certain classes of individuals he may be endangering the health of his other patients. He must be especially zealous to avoid being instrumental in the transmission of infectious diseases. He should at all times be on guard against tuberculosis and more especially syphilis. There are so many methods of disseminating contagion that no method of prevention should be slighted or overlooked.

A large and airy operating room is much preferable to a cubby hole such as so many of our practitioners use. If for no other reason than a consideration of his own health it is far better to have elbow room and air space in the room where so large a portion of his life is spent. It is likewise much appreciated by his patients, more so than he may be aware of.

It is a good business investment, and if he can see his way clear he should utilize it. Some maintain a large and pretentious reception room, satisfying themselves with a small operating space. It is far better to reverse this. A small reception room will usually accommodate waiting patients if his business has been systematized and patients come only by appointment. Appointments made and punctually kept solve one of the most unbusiness-like questions. Charges made for loss of time for failure on the part of patients to keep appointments usually brings the careless ones to time. The business aspect calls for system, promptness, time saving and economy.

System calls for definite appointments properly kept by both patient and operator. Notification to patients of times when they, for their own advantage should report for inspection or service. Careful recording of all operations performed, with full notes of abnormal conditions. Punctual settlement of accounts with creditors and debtors. Careful preservation of models of mouths in many cases. Preservation of full notes of any case which may require future consid-

eration in carefully indexed repositories. The compilation of all valuable recipes, formulas and useful items from various sources and their preservation in indexed books kept for that purpose. The keeping of a record of published articles, the subsequent perusal of which might be of assistance in the consideration of special cases. The possession of the best standard text books.

Economy is one of the main factors of success as regards both time and material. In the purchase of supplies and material, cheapness of price is seldom economy. That which costs the least is often the dearest. True economy gives the greatest amount of service for the least proportionate expenditure of price or energy. The best obtainable grade of instruments, appliances, tools and materials is none too good, but good instruments require intelligent care in order to preserve their efficiency in the greatest degree. The most perfect results are easiest obtainable with the best materials and mechanical assistants. True, some mechanical geniuses achieve good results with imperfect tools, but there is no measuring the degree of success which might be obtained with the best tools. The fact that such success is ever obtained is attributable to the high grade of mechanical skill of the one using such inferior appliances, and to that fact alone. Skill, together with the best obtainable appliances make the most satisfactory combination.

True economy deals with whatever saving may be effected with the cost of the best. Advantage may frequently be taken of the difference between the wholesale and retail prices. Prices in quantity are proportionately much lower than when the articles are purchased singly. Gold cylinders are very much cheaper when purchased in five-ounce lots. Plaster of paris by the quart is very much dearer than by the barrel. There is scarcely an article in the shape of supplies of medicaments which will not deteriorate before be-

ing used, but that can be purchased in quantity at a great saving in the cost. The very best quality of bibulous paper may be purchased in the form of high-grade Japanese napkins at but a tithe of the dealer's price. Jewelers' supply houses often furnish many appliances for dental use at a price far below dental supply-house prices. In fact, many supply houses draw their own stock from this source.

Economy also consists of the prevention of waste. Much gold may be recovered from scraps, filings, cuttings, old fillings, and spoiled portions of foil or cylinders. Old dentures, extracted teeth containing gold fillings, and unsatisfactory bridges and crowns also yield valuable results. Inlay matrices yield gold and platinum. Old teeth when broken up often allow the recovery of an appreciative amount of platinum. True economy teaches the avoidance of wastefulness. To illustrate true economy we learn that the soot deposited in the chimney of one of the United States mints gave a return of a five thousand dollar gold brick at a periodical clean-up. Sufficient gold may in some cases be recovered from the dust beaten from a dental office carpet to purchase a new floor covering.

Another fact making for successful practice is the care of the bodily health. All habits and practices tending to draw unnecessarily upon vitality should be avoided. The habits should be regular, and excesses should be avoided in every direction. Let us remember that temperance does not apply alone to liquor but to all things. Overwork, overeating, overindulgence in any thing which may be harmful are just as injurious as overindulgence in liquor.

Rest and recreation are necessary, and periodical vacations should be taken at which time all thoughts of dentistry should be laid aside that we may then return to our labors with renewed zeal.

A fad of some sort is one of the
(Continued on page 140)

EDITORIAL



GEORGE EDWIN HUNT M.D., D.D.S. EDITOR
131 EAST OHIO STREET, INDIANAPOLIS, IND., U.S.A.

WHAT IS THE BEST WAY

In our last, which was also our first, issue, the Editor had an article asking, "What is the best and quickest method for impressing the value of oral hygiene on the minds of the public?" In this number are answers from two of our readers. Later on we hope to hear from many others.

Dr. B. Holly Smith, with the cheery optimism of the imaginative mind, would have us preach and have faith. It is a sure thing we cannot preach unless we do have faith. And the preaching is of great importance, but it is a long and weary way to go by faith and preaching alone, unless—and in his closing sentence Dr. Smith hinted at this—unless the preaching is done to the right people.

Dr. H. Clay Sexton advances the time-worn but very valuable method of newspaper publicity. Time-worn so far as being suggested for use but far from time worn as regards use. I am compelled to agree with Dr. Sexton regarding the value of newspaper publicity in this campaign. And yet compelled is not the word to use, for that would imply that I agree reluctantly, when I really agree enthusiastically. But still I "hae me doots" whether newspaper publicity is the best way to accomplish the result any more than I believe that preaching alone will do it. In fact, aside from their evident thought that "the way to resume is to resume"—"the way to do it is to do it"—both Dr. Smith and Dr. Sexton advise reliance on the same lines of endeavor, publicity.

Publicity will undoubtedly be helpful and it should be furthered to the fullest extent. It is indispensable to the ultimate fullest good, and success cannot come without it, for success brings publicity with it. But let us analyze the situation a bit.

As stated in the article last month, it is my belief and seems to be the belief of the majority of those undertaking this work, that the best

results will be attained by concentrating attention and effort mainly on the rising generations, the present and future school children. The reasons for this belief are obvious. It is also my belief that the work among the school children is rightfully a civic undertaking. I believe the city, or other proper legal body outside of cities, should undertake this work just as they run the schools, remove garbage, care for the streets and organize a police force. It is the city's work and will never be on a permanent basis, nor on a proper basis, until the city undertakes it.

Medical inspection of the school children is the foundation on which we should build. Oral inspection is as much a part of medical inspection as inspection of the nares or the fauces. Any intelligent board of health member or school commissioner can be convinced of that in a minimum length of time. Think how absurd it is to inspect the child's tonsils and its nares and its ears and its eyes and overlook the most actively dangerous infective area in the whole body, the mouth! The futility and stupidity of such a proceeding is at once apparent to the medical mind when attention is directed to it, and can be readily made as apparent to the lay mind.

In states without laws requiring medical inspection of the school children, and many states have no such law, the effort to advance the cause of oral hygiene will have to be much greater than where such laws do exist. In those states the generally accepted method of volunteer work by members of the dental profession will no doubt be the most effective method to pursue. In all such states the members of the dental profession should aid the medical profession in every possible way, to secure a state law covering compulsory medical inspection of the children. That is the first and most important thing to do. You will never get legal enactment calling for the oral inspection of the children without general medical inspection, and with general medical inspection you do not need a law for oral inspection, for general medical inspection covers it.

In states having laws calling for the medical inspection of the children, there is a variance in the appointive power of inspectors. In some states the inspectors are appointed by and are under the control of the boards of health. The argument advanced against this method is the friction that so frequently arises between the health board and the school commissioners, the latter complaining that the schools are under a divided authority. Most of the states having compulsory examination place the appointive power in the hands of the school commissioners. According to the law existing, in all states where com-

pulsory examination exists and in those states where the appointment of examiners is permitted but not required, the energy of those interested in the oral hygiene movement should be concentrated on the body having the power to appoint medical inspectors. As stated above, intelligent men, whether school commissioners or members of health boards, can be readily convinced that medical inspection without oral inspection by some one specially trained for it is, to put it mildly, incomplete and unsatisfactory.

Oral inspection under the proper legal authorities will not be undertaken without medical inspection. Oral inspection is medical inspection. Therefore, let us work for medical inspection where it does not exist and for oral inspection as a part of medical inspection, when the latter does exist. The two are really only one. Oral inspection cannot stand alone; medical inspection is not standing firmly without oral inspection. The subject is more far-reaching than most of our writers seem to have considered it. The whole question of legal oral inspection depends not so much on preaching or publicity as it does on the broad principle of caring for the child's whole body, the mouth being but a part, although an important one.

DENTAL LECTURES APPOINTED

One of the important advance steps in the oral hygiene movement was taken by the state of New York in December when State Commissioner of Health Eugene H. Porter appointed Drs. H. L. Wheeler, New York City, and Dr. W. A. White, Phelps, lecturers on oral hygiene for the state Department of Health. The appointees are men of high character and capability and both have been closely identified with the oral hygiene movement for several years. Commissioner Porter is to be sincerely congratulated on the happiness of his choices. Had he had the whole United States to choose from, he could not have selected two men better fitted for the work he wants done.

When this is read there will be a bill pending, passed or killed in the Indiana legislature providing for the compulsory medical examination of all school children and providing that "school dentists may be employed by school authorities under the same conditions as school physicians are employed." If the bill passes it will be the first legal recognition of the necessity for oral hygiene as a health measure, made by the legislature of any state in the union.

The action of Commissioner Porter is most commendable and the

sooner other state health commissioners and boards follow his example, the sooner will the first great stride be taken for the abolishment of many preventable diseases now transmitted by uncared for mouths. Failure to recognize this fact is certainly "unmoral hygiene."

WHAT'S THE MATTER WITH DENTISTS?

Some years ago the editor of an Emporia, Kansas, paper, before leaving for a vacation trip, wrote an editorial and stuck it on the hook for use while he was away from the office. The head of that editorial was, "What's the Matter With Kansas?" and the conclusion reached by the writer was that if Kansas would raise less hell and more corn she would be all right. William Allen White came home from that vacation to find himself famous. Incidentally, there is no analogy between the Emporia editorial and its results and the present editorial and its probable results, beyond the fact that the former suggested a head for the latter and that the latter deals with one of the derelictions of the profession.

A day or so ago a gentleman came to my office and, after introducing himself, said: "Doctor, I am selling medical and dental text-books for the Blank Publishing Company. I am a physician but have been selling medical text-books for many years. Some months ago my house began the publication of dental books. These three (mentioning two recently issued and one still in press, all three standard works) are the ones I am presenting to the dental profession." "Well," I interrupted, "You should have no trouble selling those books. They are the latest word in their departments. The authors are men of known ability and proficiency. Those books ought to sell themselves." "So I thought," he replied, "but I have called on not less than seventy-five dentists in Indianapolis in four weeks and have sold three books! And the result has been the same wherever I go. What is the matter? The dentist always says, 'Yes, I know of those men. None better in the profession. Fine fellows. Perfectly capable. But I don't need a text-book.' Now, what's the matter with you dentists? Do you think you know it all when you leave school?"

Then I tried to explain. The effort was feeble, for my heart and soul were not in it. I called his attention to the fact that most dentists take one or more magazines and try to keep up to date from their pages. He parried with his right and called my attention to the fact that mag-

azine articles were expressions of individual opinions, frequently made without due consideration or proof, and that text-books contained the proven essence of scores of magazine articles. I ducked to escape punishment and danced about the ring. He followed up his lead with the remark that no progressive physician failed to purchase all desirable text-books bearing on any subject in which he was interested, and that he had heard so much talk of dentistry being a branch of medicine and dentists being specialists in medicine, akin to the rhinologist, ophthalmologist, etc., that he had expected to find the same desire for the best and newest among dentists that he was accustomed to find among physicians. From that on I was like Jeffries, unable to "come back" and he hammered me about the ring at will.

He told me of the scores of men who asserted that they did not need any books on dentistry; that they could get all they wanted from the magazines, not realizing, evidently, how little they remember of what they read in the magazines and how rarely they ever keep a file of magazines for reference; of the men who intimated that, if time and inclination served, they themselves could write a text-book as *was* a text-book; and finally told of one dentist who explained that he needed no work on operative dentistry, inasmuch as he had the one he used in college and who, to substantiate his statement, produced a volume published in 1869!

What is the matter with dentists? This gentleman's experience is not unique. Any publisher of dental text-books can corroborate his statement that dentists do not buy text-books. Is it egotism, indifference, mental stagnation or incipient idiocy? I once knew of a teacher of surgery who always urged the members of the senior class to keep and use their text-books. "Don't part with your anatomy," he would say, "and use it. Keep brushed up. You cannot know too much anatomy if you expect to practice surgery." Then he would add regretfully, "But you won't. Before you have been out a week you will be trying to trade it for a plug hat!"

The above strictures cannot be truthfully applied to the professions of law and medicine. The progressive men in both law and medicine not only have large libraries but are never through adding to them. The average dentist not only does not buy text-books, but he usually disposes of his books used in college without regret or remorse. He does not feel that he will ever have any use for them, anyhow.

That is one of the troubles with dentists. We strive to be a learned profession, without much learning. We are satisfied with the old theo-

ries and the old methods because they have served us in the past. Occasionally, some great innovation startles us out of our semi-coma, as did the Taggart method of making gold inlays, but it must show a way to make our work easier or more profitable in order to do so and even then we will read scores of papers by scores of authors, each with a different opinion regarding the proper technic, rather than purchase a text-book in which some one competent to do it, has ingested all the good and the bad on the subject and digested the good for our use.

What's the matter with dentists?

GRANDFATHER'S TOOTH

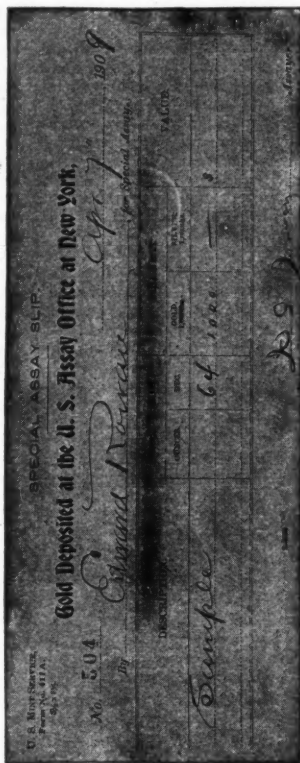
A writer in the Boston Globe has quite a fairy tale to tell to anyone who likes fairy tales. The hero of this one is the Mayor of Honolulu, a native Hawaiian, who sometimes wears a waistcoat decorated with the bones of his ancestors.

Once upon a time, as all fairy tales begin, his honor had a toothache and had "the offending molar," that being the accepted term to use, extracted. While waiting to gain courage to go to his dentist and have a bridge made, or perhaps, while waiting for salary day to come around so he *could* go to his dentist and have a bridge made, he paid a visit to the cave used for years as the family graveyard. While there he found one of his grandfather's teeth! Where he found it, deponent sayeth not. Enough that he found it, at least, enough for the nonce, as we used to say in college.

And lo!—and this answers the question, why "for the nonce"—it was exactly the same shape, size and shade of the lost tooth. Stuffing it hastily into his back trousers pocket he hastened—all of our best writers are now using "hastened" instead of "hastened." It is considered much better form—he hastened to his dentist, where, to quote the writer, he "ordered that it be cleaned, enameled and mounted on a pivot. A few days later the ancestral tooth was firmly screwed into the jaw of the Hawaiian executive and today he is none the worse for the loss of his original molar."

Now there is a valuable story. It ought to be worth a whole lot to anyone that can believe it. He had it enameled, mounted on a pivot and screwed into his jaw. The only criticism possible is that the dentist should have put it in with an expanding bolt or riveted the pivot over a wash nut on the opposite side of the maxilla, for security's sake.

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DENTAL SERVICE AS A PUBLIC HEALTH MEASURE

By EDWARD C. KIRK, D. D. S., Sc. D., Philadelphia, Pa.

Read Before the Susquehanna Valley Dental Association of Pennsylvania

The general interest which both within and outside the ranks of the dental profession is now being manifested in the care of the teeth as a health measure may be properly regarded as the most significant development which has occurred within the history of the dental profession. Heretofore, as a profession, we have been mainly concerned with the study of the science and art of our craft, and the development of a sound technique for combating the dental disorders that we are called upon to treat. Today we are facing a new problem which is opening up new fields of activity and larger sociological relationships than we have previously been called upon to assume. We are asked to step out from the limitations of practice upon a selected *clientèle* and accept the responsibilities and larger professional rewards which are the portion of those who are, in their class and degree, guardians of the public health.

The present widespread interest in dental hygiene is by no means confined to the dental professional ranks, nor can its public aspects be regarded wholly as a reflex of professional activity. Several factors have apparently contributed to the general interest in this question. Upon the side of the public there has been for a number of years an increasing interest shown in the betterment of health conditions. As medical science has uncovered from time to time the sources of disease causation, there has arisen the coincident effort to attack the disease problem not only upon the therapeutic side, but upon the prophylactic side as well. The discovery of the tubercle bacillus, the study of its

growth conditions and methods of propagation, have revolutionized our ideas as to the treatment of tuberculosis and brought into effective practice a variety of forms of treatment, the majority of which are based upon the fundamental conception of *sterilizing* the natural resistive agencies of the body that the tubercular invasion may be and is overcome by raising the general health standards of the infected individual.

The discovery of the disease-propagative activities of the yellow-fever mosquito and the common housefly has led to a war of extermination upon these pests, with the coincident education of the public into a wholesome respect for the germ origin of disease and the necessity for bodily hygiene as a means for preventing disease invasion. Moreover, the legalized slaughtering of infected food-animals, the scientific inspection of animal carcasses intended for human food, and the legal restrictions now generally in effect with respect to the adulteration of food products of all kinds, the sanitation of dwellings and public buildings, etc., have each in their way served to focus public attention upon the importance of avoiding impure or infected food in order to avoid the penalty of disease causation which such use necessarily entails. In addition to these more striking examples, the activities of numberless organizations dealing in a special way with a variety of aspects of the general betterment work have contributed largely to the spreading of information on health questions, so that today the necessity for hygienic living as a preventive of disease may be regarded as common knowledge upon the part of the public.

How YOU Can Make Successful Fillings of Ascher's Artificial Enamel

Forget all you ever knew about Oxy-Phosphate fillings and work Ascher's Artificial Enamel in an *entirely different manner in every particular.*

Use *three* times as much powder as liquid and still have plastic mix. This can *only* be accomplished by *discontinuing* practically *all spatulation* and adding powder *continuously* with a light *patting* motion. After all powder is incorporated, *spatulate* two or three times only, to work in all dry particles.

After all powder has been incorporated the mix should still be soft and *not* dry, crumbly, and about to crystallize. With the proper Tantalum instruments, introduce *immediately* as amalgam, packing closely. In all medium and deep cavities a thin layer of ordinary cement should be used as a lining and allowed to harden before introducing A. A. E. This will prevent the pressure anaesthesia possible when any filling material is pressed hard against the pulp chamber.

Build up considerable surplus and condense *immediately* by bringing a *perfectly dry* celluloid strip *squarely down* on the filling with considerable pressure. Hold this strip *perfectly stationary* for three or four minutes, or *until* the entire mass has *crystallized*. Do *not* burnish during crystallization.

Filling may *then* be finished off with cuttlefish disks and strips coated with a good lubricant. Rubber dam *must* be kept on at least thirty minutes *after* the *first* cement is introduced and the filling should be further protected by a good varnish.

If *you* have been working A. A. E. in *any other manner* than the above, you have been doing wrong and could not expect good results. Send for "The Only Way" and read the *complete* directions and *follow* them, and you *will never, never* have unsatisfactory results, with the *only* perfect silicate cement ever made.

The Publisher of this Journal will supply you with "The Only Way" or you may procure it direct from

THE PINCHES DENTAL MFG. CO., Dept. A., New York

On the professional side, the increasing recognition of the importance of hygiene has reached a point where it seems that from the standpoint at least of scientific medicine, the interest in preventive medicine has outstripped interest in the therapeutic aspect of medical work.

In connection with the study of disease causation, the human mouth has been subjected to the same type of scientific investigation which has characterized research in other directions. The work of Miller, originally undertaken in Koch's laboratory, established the fact that the buccal cavity is the breeding-ground of many varieties of bacteria having pathogenic properties, and that as a source of infection an unhygienic mouth is of major importance in that it constitutes the breeding-ground and is the portal by which the larger proportion of disease-producing germs find entrance to the body. The brilliant research of Miller, which resulted in his demonstration of the active cause of caries, seems to have overshadowed, in the dental mind at least, the other facts which he established regarding the mouth as an avenue of infection. We have concentrated our attention so strongly upon combating the ravages of caries that we have not recognized at its full value the importance of maintaining hygienic mouth conditions as a prerequisite of good health.

It is now about twenty-five years since the importance of preserving the teeth as a public health measure began to attract serious attention, especially in Europe. The alarming prevalence of dental caries and the evident evil results directly caused by the destruction of the masticating mechanism from tooth decay attracted the attention not only of dentists, but of physicians as well. In Great Britain a systematic study of the mouth conditions of public school children revealed the alarming fact that only three or four per cent. had sound dentures, and that dental caries was an evil that was undermining

the health of the nation. Similar studies in other countries furnished statistics which in general corresponded with the figures obtained in England, showing that dental caries is a disease practically universal in its distribution and constituting a factor of ill health second in importance to no other which affects the human race.

Among the evil consequences of dental caries, the damage wrought by the disorder to the masticating mechanism was self-evident, and the train of nutritional disorders directly due to inability to properly masticate the food were quickly recognized. Chronic dyspepsia, intestinal indigestion, and the auto-intoxication caused by absorption of bacterial waste products developed in the fermenting masses of imperfectly masticated and infected food were striking examples of pathological conditions having their origin in a damaged masticating mechanism. But the evils resulting from imperfect masticating were by no means the only pathologic sequelæ of dentures damaged by caries. Further studies of the bacterial side of the question, notably by Hunter of London, furnished unquestionable evidence that decayed and diseased teeth were incubators of a variety of pathogenic germs which, proliferating in and about carious teeth, found their way into the body, causing various disease reactions, many of them of a most serious and often fatal character. Among the pathogenic germs which thus invade the body are the various pus producers, the bacillus tuberculosis, actinomyces, the pneumococcus, Vincent's streptococcus, and a variety of others, each of which is the known cause of serious disease. The discovery of these facts has given an added importance and significance to oral hygiene as a means for conserving the bodily health and as a prophylactic against disease invasion. To stem the tide of this destructive influence there has developed from small beginnings a movement which today is practically



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universal, and which involves, generally speaking, the collaboration of the dental and medical professions, educational authorities, social workers, and all who are concerned with the betterment of civic and social health conditions.

So active is the movement and so enthusiastic are its several promoters that there are evidences of danger that in some directions it may defeat its avowed purposes by the very exuberance of its growth. The enthusiasm with regard to dental hygiene and public dental service cannot be expected to sustain itself at its present intensity unless the results attained justify its continuance. Intelligent direction, based upon a clear comprehension of its possibilities, is required in order that the new movement shall make a substantial and continued growth. It is doubtful if education of the public or of public school children as to the importance of dental hygiene will alone be sufficient to maintain indefinitely such an interest as will induce the majority to give persistent care to their mouths and dental organs. Nor is it probable that the interest in this question now manifested by the dental profession will continue sufficiently active to induce large numbers to devote their time and energies to the service of the public gratuitously for an indefinite period of time.

The novelty of the situation will in time become worn off, and when public dental service become in time, some definite social order, as it is certain to become in time, some definite and proper basis of practical organization of the work must of necessity be provided in order to establish it upon a firm foundation and provide for its continuance. The present, then, should be regarded as the formative period of the work, a period in which opportunity is given to our profession to demonstrate its efficiency in public dental hygiene service and the crying necessity for such service as a public health measure. During this formative

period, the greater part of the service must of necessity be gratuitous, but in order that it shall become fixed as a permanent part of the general system of health measures now essential to the public weal, the care of the teeth of public school children, and of all those who are for the time being wards of the state, must eventually be placed under state direction and be done at public expense. It is therefore proper and wise that in our efforts to organize the present activities in relation to public dental service, we should as definitely as may be possible endeavor to affiliate the movement with the public health having organized health departments.

It is not necessary to more than allude to the tendency which has arisen in various ways to commercialize this movement, as the tendency is doubtless familiar to all of you. Nothing can so quickly neutralize the advantages of this movement, both to the public and to the dental profession, as to furnish grounds for the suspicion that our claims regarding the beneficial character of this service as a public health measure are but a cloak to cover the commercial activities of the dealer in dental supplies or of the nostrum-vender. The taint of suspicion of commercialism has already served to weaken the movement in various ways and in several localities. In the work of inspection of public school children large dependence must in the beginning be placed upon the collaboration of public school teachers, simply because of the difficulty of securing the means and machinery for expert and adequate inspection of all school children by those fully competent to do the work of inspection. Because of this necessary dependence upon the teacher and because of her lack of technical knowledge it will follow that at first only the most obvious cases of dental or oral trouble among the pupils will be sought out and relieved. But the cases of this class, ordinary toothache,

LISTEN TO ME!



My name is John C. Blair.

I have been practising dentistry for twenty-five years.

In connection with my practice I simply had to get up something that made it unnecessary for me to tell my patients when they should call again when they came to me to have an abscess cured.

I simply had to have something that would cure an abscess.

So, I got up the material I call

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and when the business got too big for me I formed a company to handle the business, and the material is now made by The Puscure Company.

I want to say to you, as emphatically as I can in the English language that Blair's PUSCURE will cure an abscessed tooth in less time than any other remedy that has ever been made for this purpose. And I know what I am talking about because I use it in my own practice and what it does for me it will do for any dentist that tries it.

When I say it will cure an abscess I mean it literally. PUSCURE cures to stay cured. The patient come back, but not to see you about the same tooth.

PUSCURE contains no essential oils. It acts instantly when it comes in contact with the alkaline fluids of the root canals. It is a non-irritant, and will sterilize a tooth to the end of time.

There are a lot of so-called abscess cures on the market but PUSCURE, to the best of my knowledge and belief, is the only CURE.

The price is \$1.50 a package. *All dealers.*

Use as much out of the package as you want to and if you don't get the answer, send back what's left and price of the full package will be refunded.

THE PUSCURE CO.

Louisville, Ky.

dental irregularities, uncleanly mouths, are often the least important ones if viewed from the standpoint of health impairment.

The school age is, as we all know, a critical stage of human developments. It covers the most important period of dentional evolution and a time when the nervous organization is subject to a variety of stresses and irritations which may, and often do, produce effects of the most serious character. The physiological activities going on in both jaws in connection with the exchange of the deciduous for the permanent dentures are in themselves sources of nervous stress, and when interferences occur which delay or obstruct the process an amount of peripheral irritation is set up which is the fruitful cause of many and serious reflex disturbances. Chorea, epilepsy, insanity, mental backwardness, all have their often unsuspected origin in impactions, infections, and malpositions of the teeth at the period under consideration. The results obtained at the psychological clinic of the University of Pennsylvania, the studies of Dr. H. L. Upson of Cleveland, and the work of many other observers, leave no room for doubt as to the dental origin of many cases of difficulties named, and compel a recognition of the importance of appropriate dental treatment for removal of the source of the trouble.

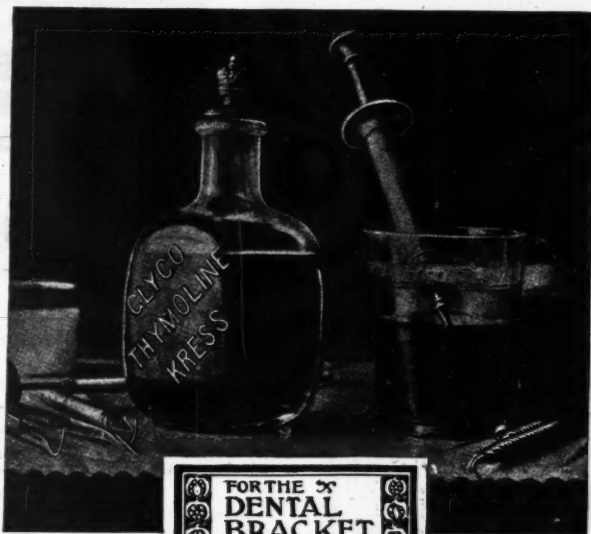
The recognition of these cases and their appropriate treatment demands, of course, expert skill, and involves the services of an inspector fully competent to make diagnoses in cases which are often of utmost obscurity. Nevertheless, it is just this class of cases that most require attention, and that not only on account of the present pathological lesions of the graver sort, but because from the mental backwardness which they involve, they are a financial burden to the state—a burden so great, that it would cost the state less to pay for the dental service necessary to correct their defects than it does

to continue such children year after year in classes below their normal grades.

The mere curing of toothache, the correcting of irregularities of the dentures, and cleaning teeth are of relatively minor importance to the neuroses developed from defective dentition or to malnutritional disorders arising from mouth infection. A still further field of inquiry, and in many respects the most important question of all in relation to public school dental service, is the dietetic question. Scientific study of the etiology of the various disorders which affect the human denture point more and more to the conclusion that the majority of them have their remote causes in defective feeding—defective as to kind and amount of food, and defective as to its mouth preparation. Statistics of dental inspection of school children have thus far been mainly concerned with the number of defective teeth and the kinds of defects. These statistics are now sufficiently large to impress the fact that caries is practically universal and in practically the same degree. What we need now is to gather statistics that will throw some light upon the predisposing causes of caries, and among them we need to investigate the relation of food habit to the etiology of this universal disorder.

I have suggested these points, not only for consideration and discussion, but also to emphasize the fact that, if we are to take advantage of the great opportunity which this general demand for public dental service affords, we can only really do so by clearly recognizing that a larger educational preparation for the work is needed than that required for the performance of minor dental operations; and that if the dental profession will honestly measure up to the possibilities which the service affords, we shall not only by this means place ourselves squarely upon a professional plane with the medical profession, but acquire our rightful stature among the benefactors of humanity.—Cosmos.

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The theme for practical thought. Care and treatment will preserve the teeth at all ages. Glyco-Thymoline inhibits the development of pathogenic bacteria and neutralizes destructive acids. Glyco-Thymoline should be used daily in the scientific and intelligent care of the teeth.

SPECIAL—Free of all cost we will send you a liberal supply of Glyco-Thymoline for clinical observation if you but mention "Oral-Hygiene."

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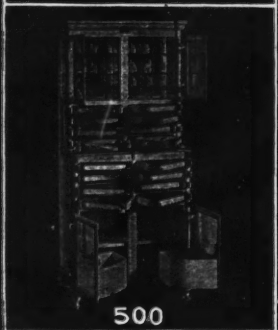
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510



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The Oral Hygiene movement has shown that people who know are beginning to

If your office is equipped with to hang a sign on it to have your patients know it is any harder to keep it clean than it is to keep a wooden furniture

Aside from any other consideration, it is the greatest given to the profession.

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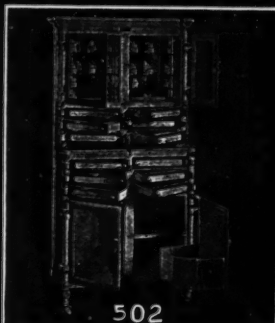
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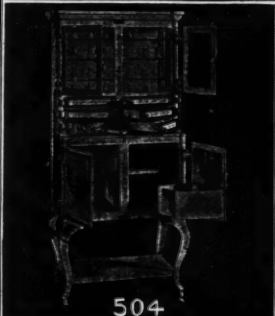
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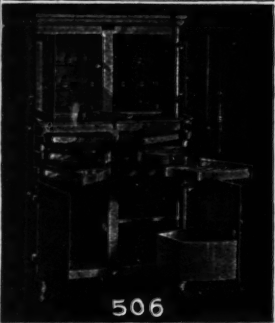
MPAY, Keenan Bldg., Pittsburgh, Pa.



502



504



506

THE EDUCATION OF MR. TAX PAYER

(Continued from page 88)

He holds out his arms to her, pleads to her to jump, assures her he can save her if she will but trust herself to him.

What does Virginia do? Does she throw herself into the arms of that honest tar who is willing to jeopardize his own life to save hers? No. She blushes and turns away. She has seen his bare body. Her convent bred soul is shocked. Rather than that let her die! And she does die and her body the next day is washed up on the sands. Poor Paul succumbs to grief and is buried by her side.

Now in the great dental crisis today our associations are playing the part of Virginia. Paul is the public imploring help in his distress. The honest, stalwart sailor, able to buffet the strong seas of publicity, is the power of the press. He extends his brawny arms, offering honest service, but no! see! he is naked and our convent trained eyes are shocked. Rather, say some of us, that we should dry up in our prudery, be blown in all our youth forever into the grave, sacrificing all our hopes of future usefulness, than that we should employ such means—strong, coarse, hairy, naked arms.

Then what would I have our associations do? I should like to see every dental society, big and little, have an earnest, hard-working committee on publicity. Let these committees conduct an aggressive campaign, spreading the glad tidings of the saving grace of oral hygiene throughout the land by means of the papers, paying the papers liberally for their services. That address of Dr. William A. Evans, Commissioner of Health of Chicago, from which the editor quotes, would make an excellent first shot to be heard around the world. It should be published in every city and cross-roads paper in the United States.

But, says someone, the papers should be willing to publish for nothing any articles beneficial to

the public. I know from experience that they will not, and I must confess that we should not expect them to do it. Someone might with equal logic say that I should fill all the carious teeth in our town for nothing because it would be such a great public benefit. The newspapers are no more institutions of charity than are our dental offices. They are business concerns and self preservation compels them to consider the dollars and cents side of every question. It is to their interest to publish free not what the people need, but only what the people want. Between the two there is a vast difference.

In advising newspaper publicity, however, I would by no means, have that method used to the exclusion of all others. Since there is nothing conflicting among them they could all be used simultaneously. But I would let nothing interfere with my using any good means.

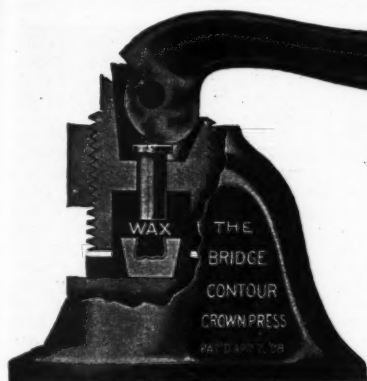
In other words, if I were Virginia, "Fair as a star when only as an angel—the supposition is almost sacrilege—but if I were, then to attain to the side of the tortured Paul I would use any means, even to the naked arms of a coarse sailor.

Or, to sum up the whole argument, if I were a man courting a girl in the dark and wanted to kiss her and knew she needed and wanted to be kissed, I would not wait to decide upon the one best method, I would kiss her any old way, slap bang, in fact I would kiss her in all ways at once.

And now, Mr. Editor, would not you do the same? Come, speak up, you George Edwin, 'fess yourself.

"Why, John!" exclaimed Mrs. Newkid as she came into the room, "what in the world makes the baby cry so?"

"I don't know, my dear," answered Newkid, as he handed the infant over to its mother, "but I imagine he is thinking of what the governor of North Carolina once said to the governor of South Carolina."



A Perfect Crown

This little press or swager was designed to provide a positive means of duplicating in gold the form previously decided upon as necessary to fulfill all the requirements of a gold crown—namely: It should absolutely fit the root; it should have such festoon as to pass evenly under the free margin of gum; it should be of such contour as to restore the natural contact with adjoining teeth and give natural buccal and lingual appearance; lastly the cusps should be so patterned after nature as to give full function of articulation without undue strain on the root. This description is confined to two methods; either followed closely will produce absolutely perfect results every time.

The press or swager is indispensable to any dentist; for whatever method he may prefer to use up to the swaging point, he will find the little press ideal for swaging the shell, and a crown made by this method goes to place without any grinding and absolutely fits the root.

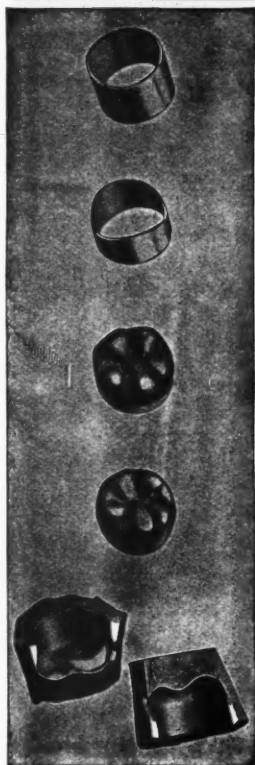
Price complete outfit, \$12.

Manufactured by

John Hood Company

**178 Tremont Street
Boston, Massachusetts**

SEND FOR DESCRIPTIVE BOOKLET



1st Step
The seamless
band

2nd Step
Band trimmed
to free margin of
the gum and prop-
erly festooned

3rd step
Band covered
with carving
compound to
perfect occlusion
and contour

4th Step
Finally the re-
produced crown

Split die obtained
from the third step

THE IDEAL REALIZED - A DENTAL INSTITUTE WITH- OUT FORCEPS

(Continued from page 97)
siderable portion of all the children of 5 and 6 years of age with carious teeth have been treated, and especial attention has been given to children of these years in order to attain this result. Practically all such children as have been classed in the examination as having "savable" teeth were invited through their parents, to attend. The difference between the number of children and of those made "artificially" sound, is mainly accounted for by failures to take advantage of the treatment thus offered.

CHILDREN WITH "UNSAVABLE TEETH."

The black part of the column shows very forcibly the inevitably rapid increase in the number of children with "unsavable" teeth. From 10 years of age upwards they form a considerable proportion of the whole column, but at some previous time the teeth represented here were all savable. Subject to rare exceptions, if all these were timely saved, and received periodical attention, no others could become "unsavable" during school life. Consequently after some time the last column might be expected to represent only as many cases with "unsavable" teeth as are now represented by the column for 7, or at most 8 years.

It will be observed that the amount of the dark shading (representing the children treated) in the columns of children more than 9 years old is approximately equal to that of the light shading representing the children with savable teeth who were not treated under 9. This shows that if the whole work done had been devoted to the school children under 9 years of age, it would have sufficed to have made them all artificially sound. This is undoubtedly from every point of view the right ideal to pursue.

It was evident from the first that at present no effort could be

made to cope with the carious temporary teeth, beyond extracting those that were either unduly retained or were a menace to the child's health.

Those now entering school will be assured of having an efficient means of mastication during this time, and even our limited attention to the temporary teeth will be sufficient to prevent any injury being done to the system by the continual absorption of septic matter. Were this early and thorough dental attention not given to them, many of these same children would quickly lose a part of their masticating capacity, and the condition of their teeth would become progressively worse until pain and sepsis compelled a sacrifice of one tooth after another. Such a denture would considerably handicap an adult, how much more injury must it effect on a growing child.

If we apply the summary of the forthcoming Report of 1910 to the diagram, it will be seen that we have succeeded in removing all the black part of the columns representing unsavable teeth from all the children treated, between the age of 6, 7, 8 and 9. That means that no permanent teeth have been extracted for any of these children. Consequently I think I have succeeded in justifying the title of the paper, A Successful Dental Institute for Children Without Forceps.—Dental Review.

TEETH AND INSANITY.

Sacramento, March 16.—"Twenty-five per cent. of insanity is caused by defective teeth," Senator Willis informed his colleagues tonight during a debate on his bill creating the office of State Dental Surgeon. "When you have the toothache you are crazy."

The bill, which was passed, provides \$200 a month for a dentist whose duty it shall be to treat the inmates of hospitals for the insane.—*San Francisco Chronicle*.

Mack—When were you married?

Dyer—Just about six check books ago.—*Puck*.



Correct Capsicum Cups **STICK** **Correct Capsicum Cups** **ARE HOT**

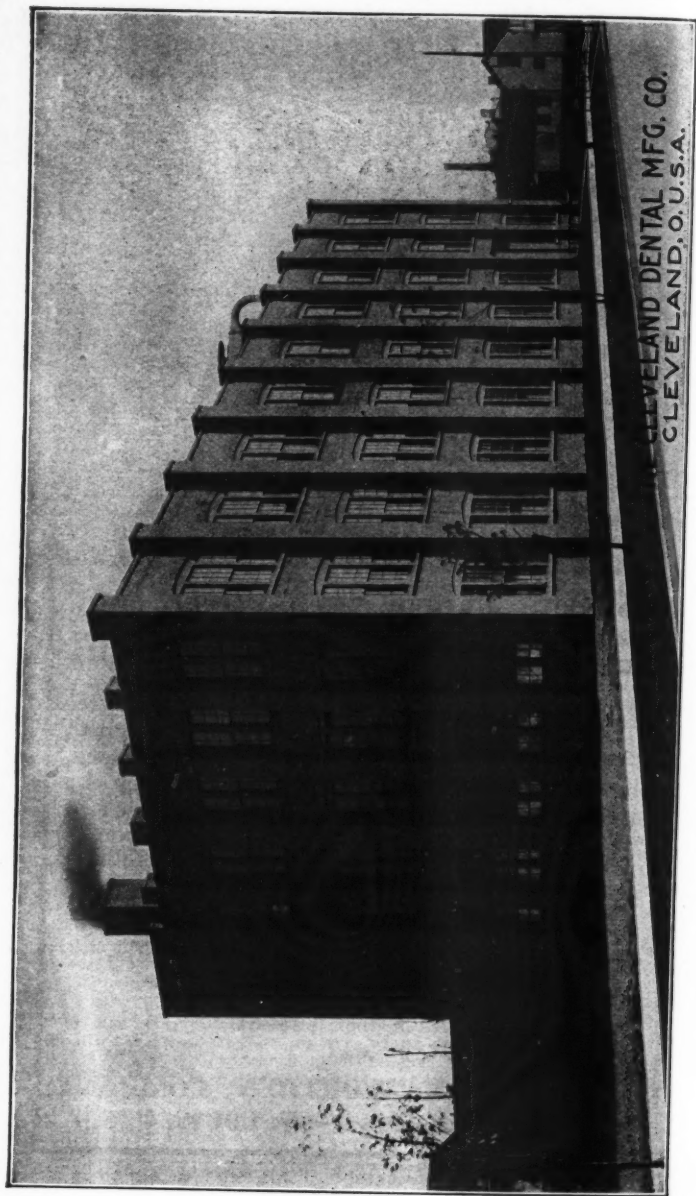
No adhesive gum is required to hold this plaster in position, the principle of suction is applied. The plasters are made of soft rubber cup shaped, the concave surface being medicated. They are applied by expelling the air by a light pressure of the finger or an instrument. The combination of medicines used and method of application places this plaster far in advance of any similar product.

It is impossible for them to come off until voluntarily removed.

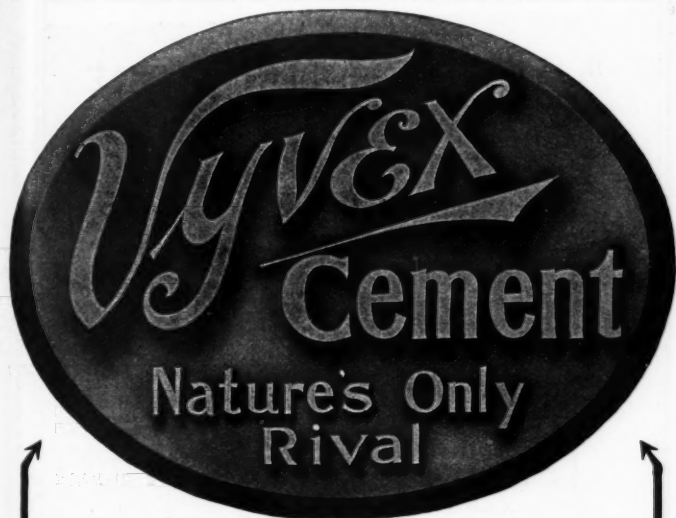
Samples? Sure

Put up one hundred in a box, price \$1.00. For sale by all dental dealers.

THE O'BRIEN WORTHEN COMPANY
Sole Manufacturers ST. LOUIS, U. S. A.



CLEVELAND DENTAL MFG. CO.
CLEVELAND, O. U.S.A.



VYVEX CEMENT will be found invaluable for *Crown and Bridge Work, Fillings* and all *Orthodontic Procedure*, because it will not become porous, break, chip, crack, or disintegrate even under abnormal conditions or unusual applications.

Are you satisfied to go along in the same old groove, or are you progressive? Give us a chance to meet you more than half way and we will prove Vyvex will do all we claim for it by sending you a *Free Sample* upon your request, if you mention "Oral Hygiene."

Per Package, \$1.50 Four Color Package, \$4.00

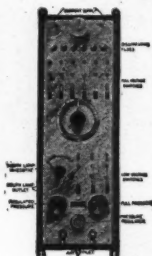
*Yellow, Light Yellow, Gold,
Pearl Gray, Green Gray, Blue
Gray, Brown, Golden Brown*

The Cleveland Dental Mfg. Co.
Cleveland, Ohio, U. S. A.

An Advertisement

Written for us by a Dentist who had been
benefited by the use of Electrical Equipment

Get Distinctive Equipment



Type 1-A Switchboard

Make your equipment *distinguish* your office from the run of offices. Select it to make the most favorable impression for you—to indicate that you are up-to-the-times, that you lead your competitors.

Pelton & Crane Switchboards distinguish an office in just that way. They proclaim to every one who enters the operating room that "here is a dentist who has the latest and best equipment; he doubtless has the skill which such equipment implies."

In every dental office nowadays you will find modern dental chairs, cabinets, etc. Save in details, they are similar and make offices look so much alike. But not every office has a Switchboard; only the most progressive dentists have them. And no piece of equipment does more to stamp the office as up-to-date than a Pelton & Crane Switchboard.

In addition to its appearance value, a Pelton & Crane Switchboard, with its attachments, make results possible which cannot otherwise be had. The Mouth Lamp is of the greatest value in explorations, examinations and some diagnoses. The Hot Air Syringe is of hourly service in drying surfaces, obtunding dentine, clearing cavities and other uses. The Atomizers are now recognized as of the greatest value in prophylactic work, in some treatments, and in cleansing the mouth.

Write us for "Types and Specifications," a little book which gives exact information on capacity and values of different types of Switchboards.



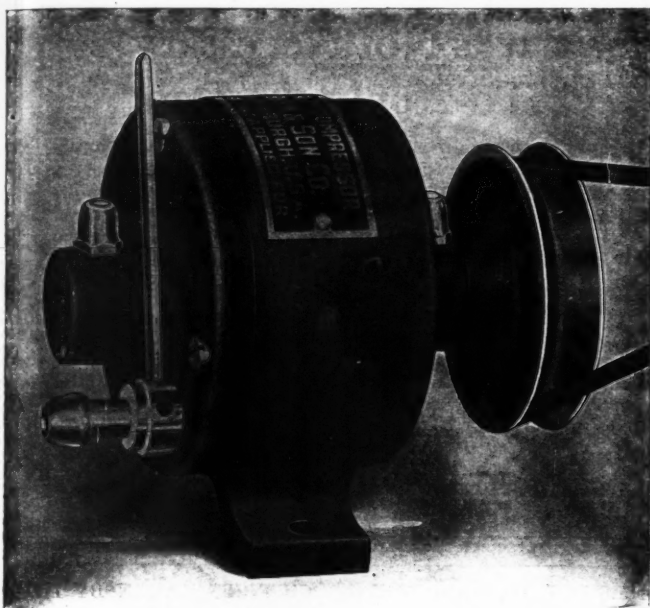
Compressor Unit

THE PELTON & CRANE CO.

Beaubien and Macomb Streets

Detroit, Mich.

U. S. A.



It Doesn't Seem Possible but it's a Fact

This picture is the **ACTUAL SIZE** of the Vernon Rotary Air Compressor. This little wee bit of a machine is made to stick up on the wall of your laboratory where your electric lathe is, and when you want air for working your blow-pipe or your Fletcher gas furnace, all you have to do is to throw a belt over the pulley on your lathe, turn on the juice, and from the first revolution of the wheel you get an unlimited supply of compressed air.

We have tested the thing out with a steam gauge, and find it develops ten pounds pressure to the square inch at 1000 RPM, fifteen pounds at 1500 RPM and twenty pounds at 2000 RPM, and the volume of air, because it is used as produced, is greater than you can get out of any tank.

When you use a Vernon Rotary Compressor, you don't have to have a reservoir for the air. You use it as you make it.

There isn't anything about this little machine to wear out or get out of order. It will do exactly what we say it will do.

If it doesn't, and you send it back, we will refund your money.

ALL DEALERS.

The Compressor, including four feet of lathe belting, tube of lubricant, and even the screws to fasten it to your bench \$12.50

Bronze Pulley for any lathe, extra 1.00

Specify make of lathe when ordering.

LEE S. SMITH & SON COMPANY **Pittsburgh, U. S. A.**

It Is Not Necessary To Apply the Dam

For the proper introduction of plastic fillings and other comparatively short operations. Absolute dryness can be preserved with **COTTON DENTAL ROLLS** (*Johnson & Johnson's*) and the work just as thoroughly done, with a saving of time, expense and much tedious labor to the operator and less discomfort to the patient. This plain truth is proven daily by thousands of skillful and conscientious dentists and can be verified by trial.

If you are not familiar with them and do not understand their use write for samples free of charge and the leaflet telling how to use them, which also contains suggestions for their application from a number of prominent dentists.

Sold by leading Dealers in Dental Supplies in every country in the world

Address Dept. D.

JOHNSON & JOHNSON
New Brunswick, N. J., U. S. A.

ILLS DUE TO POOR TEETH.

"Three-quarters of the ills of mankind will be banished as soon as the mouth and teeth receive the attention they require," declared Dr. Paul Gardiner White before the Women's Educational and Industrial Union yesterday. Dr. White was speaking on the necessity for taking proper care of children's teeth.

"The city government spends large amounts of money every year in putting in better ventilating systems in old buildings and new and expensive ventilating systems in the new buildings. Yet a few breaths from the foul mouths of several hundred children will vitiate the air quickly. If the city would set aside a little money to get a free clinic for the poor they would be doing something of great value."—*Boston Herald*.

Dentist (to street singer)—
"For heaven's sake, man, step inside and have it out."

CHANCES TAKEN BY DENTISTS.

Dr. Thomas J. Dunn, a dentist, who resides on North Twenty-first street, was discussing the hazards of the medical and dental professions. When a dentist applies gas or a physician ether, he takes the chance of being blamed for deaths that are due to other causes, according to Dr. Dunn.

"I had an appointment to extract several teeth for a woman," he continued. "She was apparently in the best of health, and her physician said she could take gas. She dropped dead on her way to my office. Had she lived long enough to arrive I would have been blamed by the unthinking of causing her death. I never had a fatality, but such an accident occurring while she was in my chair would have practically destroyed my reputation in this neighborhood."—*Philadelphia Times*.

Columbia

Add 25%

to your fees for operations after putting in a Columbia Electric Engine and it will pay for itself in three months.

Your patients will pay you, for they are just as anxious to have the best work you can do, as you are to do it, if you will only convince them that you can do it, and you certainly can't expect the best either from yourself or your patients, as long as you are will-

ing to plod along with appliances which are twenty years behind the times.

¶ Let us send you catalog so you can select the engine you want.

THE RITTER DENTAL MFG. CO., Rochester, N. Y.

"OUCH"



This statuette is a reminder of the days when dentistry was NOT painless.

Placed in a conspicuous position in your office it will have just the psychological effect necessary to assure patients of your up-to-date, painless methods.

Aside from this, the statuette is artistic to a marked degree.

It is made of a hard grade of plaster-paris, polished in exact imitation of old ivory, stands eleven inches high including pedestal, and is finished with a piece of felt at bottom of pedestal so that it may be placed upon glass or highly polished furniture without scratching the surface.

Price, each - - \$1.00

Lee S. Smith & Son Company
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"Every Coat We Turn Out a Winner"



Dentists' Office Coats for Professional work, made of white or fifty other shades of washable materials, fast colors, and thoroughly shrunk before made up. All coats made to measure and in any style desired.

We pay express or postage to any part of the world.

Write for samples, styles and prices free upon request.

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Manufacturers of Coats and Uniforms
The Kind They All Admire
115 F. F. Nassau Street
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We have no branches, and are not connected with any other firm. Dentists who give orders to agents should see that the orders go to Weissfeld Bros. of New York City.

Please mention ORAL HYGIENE when writing to advertisers.

SOME POINTS OF PROPHYLACTIC TECHNIC

(Continued from page 92)

the gums around many of the teeth, but on the lingual surface of the unner molars the gums had receded and the process had been absorbed until half the length of the roots were exposed.

She came back in a week after I had gone over all the teeth thoroughly and I gave her another treatment. There was not as much improvement as I had hoped to see, but on questioning her I found she had not been faithfully following the instructions I had given her. I impressed upon her the great importance of her co-operation, and told her she must not neglect them for a single time. When she came for treatment a month later, not only her mouth condition had improved, but her general health had also improved. The teeth were beginning to tighten up. There was no more pus in the pockets. She had been earnestly and faithfully caring for her mouth and teeth. The gums looked much healthier. I gave her treatment every four weeks for about four months. At the end of that time she had greatly improved in every way. I did not see her after that time for a year, when her gums began to trouble her again and she came back for treatment. It took very little work to put them in good condition again. She firmly believes that I saved her life.

PERFECTLY RECKLESS.

The members of the church voted that their dearly-beloved and devoted pastor should have a vacation, and so he decided that he would visit a brother-worker in the neighboring village. This good brother, recognizing his fellow worker in the Lord way back among the congregation, on Sunday morning, and wishing to show every courtesy, asked him to lead in prayer. But the visitor calmly replied: "You'll have to excuse me, dear brother, I'm on my vacation."—*Ladies' Home Journal*.

SEND FOR THIS TODAY BOOK



It is only a question of whether you want to buy a fountain spittoon or not.

If you want to buy a fountain spittoon, send us a postal card and ask for this book. It contains 24 pages, principally pictures, and is printed in four colors. You have everything to gain and nothing to lose.

If the Weber Spittoon is a better spittoon than any other spittoon on the market, it is the one you want.

We believe this book will prove to you that it is nothing short of that. We rest our case when we send it to you. We want you to be the judge and the jury.

The Weber Spittoon has an overflow through the side of the bowl just like a washstand. It is the only spittoon that is provided with an overflow, so it is the only one that is safe to use.

It is absolutely noiseless in operation. Your patient in the chair can't tell it is running unless he looks at it. He can't hear it.

It carries secretions out of sight quicker than any spittoon on the market.

It is a piece of strictly sanitary plumbing, and is the only spittoon a sanitary plumber will let you buy if he is consulted.

But, send for the book, and let it tell the **WHOLE** story.

Lee S. Smith & Son Company
Pittsburgh, U. S. A.

The Hawkins Carborundum Truer



PATENTED

This device makes a Carborundum engine wheel or disk like new. It trues the stone in the handpiece.

When the steel springs that do the cutting are worn out they may be replaced in a minute.

Price, each, \$1.50

LEE S. SMITH & SON CO.
PITTSBURGH

EXTENDING THE FIELD OF DENTISTRY

(Continued from page 101)

ster publicity campaign has been planned for driving the knowledge obtained home to every corner of the universe in the most telling manner. We said, a monster campaign had been planned; we will go a step farther and say that the foundation has been laid in Washington, and the proposed plan approved by those on the ground.

"A move upon Washington! you say. Why, we have been moving on Washington for years and have only met with rebuff. Yes, we go to Washington, but not as we have gone in the past. Our method has been to go to Washington, and through Washington reach the people. In this we hold that we have been making a mistake. We have reversed the order in our new method. Go direct to the people with your message. Reach your congressman, your senator, at home, where and when he has his ear to the ground to learn what the people want. Do not wait until he gets down to Washington and then write to him when he has his eyes and ears trained upon the politician and the trust magnate to learn what they want.

"Good story, you say; but, can you do it? Yes, and in a manner so simple and effective that it cannot possibly fail.

"To do this we must have local Oral Hygiene Committees appointed all over this land, composed of men who are known to be not only in sympathy with the plans of the National Committee, but men who will work in harmony and are willing to do things.

"In addition to this we want an auxiliary committee to work with the National Committee, composed of two hundred and forty or forty-five men, from every State in the Union, men who are at the head of local work and known to be not only in accord with the present policies of the National Committee, but men who

A Statement From the View Point of Finances

IF you are doing much crown and bridge-work, and are still making your crowns by a two piece method, you much more than paid the price of a Sharp Seamless Crown Outfit during the last year. You will do so again this year in the loss of time, loss of money, loss of gold plate and solder, and especially in loss of prestige, if you cling to your old time ideas.



If you are *buying* your crown and bridge work at a Dental Laboratory, you are not saving money by so doing. We have nothing against the laboratory man. We sell too many Sharp Crown Outfits to the laboratories to criticise them, but you can make a crown with the Sharp System in less time than it takes to get your cast ready for the laboratory.

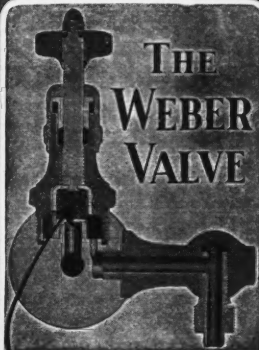
You get better form, fit and occlusion as a matter of fact, and the cost is about one half. For illustration—a No. 17, 22 K. 30 gauge gold disk will cost about \$1.10. This size will make all large bi-cusps and many molar crowns with the Sharp System. After trimming and re-inforcing the cusps, the cost will stand at approximately 90c. What does your laboratory charge you?

The purchase of a Sharp Crowning System is not an expense item, but an investment, that pays dividends.

Let us hear from you. *Catalog Free.*

THE W. M. SHARP CO., 125 Park Avenue, BINGHAMTON, N. Y.

We will take in exchange for a Sharp System any old Crown Outfit that you may have, at a liberal credit. Write us.



This is the part of the Weber Valve that makes it superior to any valve on the market.

This thing is a piece of raw hide, pounded into the swivel which carries it.

When this piece of raw hide is lifted off the valve seat it permits the water to run into the bowl.

When it is jammed down on the valve seat the water can't get past it.

The oftener it is worked the tighter it fits.

That's one reason why no living person ever heard of a leaky Weber valve.

It's funny why other people don't use the same thing, but they don't.

Doesn't the principle of the thing strike you as being a whole lot better than a thin rubber disk which has to be replaced every week or so?

Send for the Weber book which goes into fuller details.

LEE S. SMITH & SON COMPANY
PITTSBURGH, U. S. A.

are willing to do and can do things. Men who know or will find someone who knows someone who knows somebody that knows and is intimately acquainted with a senator or a congressman, and thus indirectly reach them directly and on their own ground.

"Combine the Oral Hygiene working forces of the country under one head and have them so organized and their methods so executed that every ounce of energy put forth will bring full value in return.

"Governments will then give us that for which we seek and then, and then only, will every State, every municipal and every school government be open to us.

"The plan is entirely feasible, it will work here as well as elsewhere. We have tried it elsewhere, on a smaller scale, to be sure, but on a scale sufficiently large to know whereof we speak.

"In addition to this we want Oral Hygiene Councils organized over the country, that are councils in fact as well as in name.

"Oral Hygiene Councils should not be composed of and controlled by the members of the Dental Profession only, but should be composed of and officered by people representing every walk of life, if the most good is to be accomplished in the dissemination of knowledge and data furnished by the profession."

In closing, we wish to say to our readers that if all the members of the profession who are interested in extending the field of dentistry will get in close touch with the Committee on Oral Hygiene of the National Dental Association, and place their services at its disposal in aiding and supporting the general work undertaken by the Committee, the Committee will be in position to do a tremendous amount of good, both for the profession and for humanity during the coming year.

If the efforts that are being put forth by the National Committee to extend the field of Oral Hygiene receive the endorsement of all those men who are interested



FIFTEEN years ago we sent a sample of an abrasive, that nobody had ever heard of up to that time, to every dentist in the United States.

¶ The sample was in the shape of a little bit of a green wheel stuck in a piece of heavy cardboard, and the man who received it was invited to "Try me wet or dry."

¶ That is the way Carborundum was introduced to the dental profession.

When these first samples were made, Carborundum was produced by the ounce. Now the Carborundum Co., at its immense plant at Niagara Falls is making and shipping 12,000,000 pounds of this marvelous artificial abrasive a year.

The first Carborundum offered to the dental profession was green. It was produced in almost microscopic quantities in a laboratory, and the crude material never came in any other color.

When its merit was recognized by every machinist in the land and when it was turned out by the ton instead of by the ounce other colors were produced from the larger furnaces, but to day the finest quality of Carborundum that is made and the quality that is best adapted to the requirements of the dentist is green and always will be green.

There never has been an ounce of green Carborundum used for any other than dental purposes, and there never has been an ounce of it sold to be made into dental goods except those bearing our name as sole agents.

If you were practising dentistry in the old days when this material was first put upon the market, you know how much better the green product was and is than the imitations of it which are made by unscrupulous manufacturers of the ma-

terial who make the commercial grade of Carborundum, and heaven knows what else, into dental goods in competition with the genuine.

When you buy Carborundum, if the goods are green they are genuine. If they are any other color, they may have Carborundum in them, but not the quality of Carborundum that is best adapted to dental purposes. If, in addition to the green color, the package bears our name you have double protection.

If you do not know how much better green Carborundum is than any other color, send to us for a sample which will speak louder than words.

We will send without charge to any dentist on receipt of request a sample wheel of a new form, a mounted Carborundum point and two Carborundum and rubber disks, also made by the Carborundum Company.

With these samples we will send a catalogue of the complete dental line of Genuine Carborundum and a mighty interesting little book entitled "The Man Who Didn't Know When He Had Failed," written by Mr. F. W. Haskel, the president of the Company.

A postal card with your name on it will do the trick.

LEE S. SMITH & SON CO.
Keenan Building PITTSBURGH, U. S. A.

Announcement!

We desire to announce to the Dental Profession that we are now prepared to fill orders for

Fellowship Crown Bridge and Inlay Cement

In this product we have attained the highest degree of Cement Perfection, its great strength and stickiness making it indispensable for Crown, Bridge and Inlay work.

Learn to say Fellowship

Manufactured by
**The Dental Protective
Supply Co.**
2231 Prairie Ave., Chicago, Ill.

At All Dealers

in the cause, and these men are willing to adopt certain principles and policies and then fearlessly and honestly execute them; the field of dentistry will be extended beyond the fondest dreams of any dentist.

With such influence and co-operation it will be but a short time until every school boy and girl and every government in the land will know and understand the true value of the mouth and teeth and dentistry will come into her own. Dentistry will stand as it should stand, on a par with the best of medicine, not only in the minds of the public, but in rank and recognition by governments.

Too long have we remained idle. The time has come to act, and we must act now or accept the ridicule of an intelligent people. Let us act now, wisely and well, in the interest of the American Home, in the interest of the American Public School System; aye, in the interest of mankind as a whole; and thus receive the reward that awaits one who has done his duty faithfully and well.

—Dental Summary.

THE DENTIST'S PLAINT

The dentist's sleeve was smeared with a pale dust. He beat it with his palm, and a perfumed cloud arose, relates the *Cincinnati Enquirer*.

"Makeup," he said, laughing. "The day's usual harvest of makeup. Why the deuce, to front the fierce white light of a dental chair, will women come to me with makeup plastered thick on their pretty faces?"

"They all, or nearly all, do it. Their lips are reddened, their brows penciled, their cheeks rouged, and in a few cases the tiny network of veins in the temples is outlined in blue.

"Pegging away at their teeth, I mop up all that makeup on my coat sleeve. I smear red over white noses, black over pink cheeks. Phew! Look out!"

And brushing his cuff again he leaped back to escape the sweet-smelling cloud that filled the air.

—Detroit Free Press.

Please mention ORAL HYGIENE when writing to advertisers.

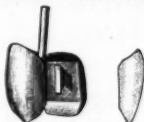
The Evslin Interchangeable Tooth

Patented U. S. July 4, 1905; Dec. 22, 1908, Great Britain,
Germany (D. R. P.), France (B. F. S. G. D. G.)

Emerging from the "golden" age in dentistry, the Evslin Interchangeable Tooth affords the greatest help in accomplishing this aesthetic development.

The Evslin Self-Protecting Facing

Handled Same as a
Pin Tooth. Make
your own backing



No Ready Supplied
Backing Required

The anterior teeth can be protected at the bite by grinding to an angle of 45 degrees, at which angle the tooth slides over the bite into position, thus giving protection without showing gold.



The posterior teeth are provided with all-porcelain cusps. The way these teeth are made, combined with the formation of the pin, produce a tooth of exceptional strength—the only porcelain cusp posterior interchangeable tooth on the market today.

Manufactured by

PENNSYLVANIA DENTAL MFG. CO.

W. L. BARNETT, Philadelphia, Pa.

Sole Agent for U. S. and Canada

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Osmun & Cook,
Newark, N. J.

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School of Dentistry

(Member National Association of
Dental Faculties.)

This school is an integral part of a great and rapidly growing University.

Its policy and management are under the control of the officers of the University. It is located in a city where the clinical material is unsurpassed in amount and variety, which insures the student an experience in treating practical conditions that is invaluable.

Special Attention is Devoted to the Teaching of

Advanced Operative and Prosthetic Technical Work.

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| Porcelain | Crown and Bridge Work. |
| Gold Inlays | Dental Radiography |
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H. E. Friesell, D. D. S., Dean
6120 Center Ave., Pittsburgh, Pa.

THREE ASPECTS OF DENTISTRY

(Continued from page 104)

best methods of drawing the attention away from what may be a too strenuous application to business. It does not make so much difference what it is as long as it is different from the ordinary daily duties. While such a fad may be in itself labor, being of a different sort it then becomes a recreation. The farmer recognizes the fact that he must rotate his crops occasionally in order to produce the best possible results, and we may in some degree profit by his experience.

A dentist in some ways is much better fitted to successfully practice his profession if he has had the advantage of association with a competent ethical preceptor. It is true that some of the colleges prefer that a matriculant should apply to them knowing absolutely nothing of dentistry, for the reason that there is nothing which he is obliged to forget. All preceptors are not fully qualified in every direction, and some portions of their practice may be contrary to the teaching of the college, and in such cases the matriculant is at the disadvantage of being obliged to forget some of his former teaching and this is not always easy to do. There are many methods of accomplishing the same end, and a practitioner naturally chooses that which is least difficult for himself. This method which he practices and teaches may not be the best for his assistant who may not be able to adapt himself to it and produce the most perfect possible result. Several vastly different methods of accomplishing a similar result may be taught at the college and the matriculant has the choice and selects the one best suited to his inclination and capability.

On the other hand, the student who has never had the advantage of private preceptorship is totally ignorant of the proper and courteous reception and treatment of patients who in private practice are so entirely dissimilar to those

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Do you want your patients to know how and when to brush their teeth and gums and tongue—to practice *Oral Hygiene*?

Do you want them to have the proper paste to do it with?

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Ask your druggist to order the paste and ask us to send you samples and *Oral Hygiene* cards free.

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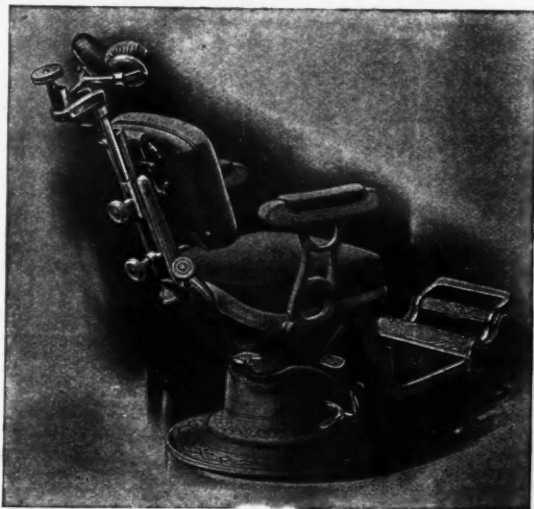
treated in the college infirmary. After graduation and beginning his practice he is often absolutely ignorant of the proper value of the service which he renders and the amount which he should charge therefor. This and the ethical aspect have not been considered as they might have been under private instruction and with the example of an ethically conducted practice.

(Continued in March issue)

THE ORAL CAVITY OF MATERNITY NURSES

As is well known, the genital organs of a lying in woman offer an exceptionally favorable field for infection by pathogenic bacteria, especially streptococci and staphylococci, and for centuries puerperal fever has been one of the most dreaded complications of childbirth. Owing to the wonderful progress of prophylaxis, the rate of mortality has been reduced in maternity hospitals to 0.1 per cent, in private cases to from 0.3 to 0.4 per cent. Nevertheless, in Prussia alone from 4,000 to 5,000 cases of puerperal fever per annum terminate fatally; the most rigorous regulations regarding antiseptic measures are therefore being enforced among maternity nurses,—yet one very dangerous source of infection, the oral cavity, has been unduly overlooked. Recognizing this lamentable fact, the author, in spite of the great difficulties encountered. Secured permission to examine the mouths of the nurses in the provincial schools for nurses of Breslau and Oppeln, with the following results: In thirty-five nurses examined who had been in practice for some time the following conditions were noted: Number of teeth present, 376; carious teeth, 191; roots present, 234; artificial teeth, 19; gingival fistulae, 7; tartar and plaques, 26. The oral conditions noted in thirty-six nurses still in training were even more appalling. It is easily seen how great the possibility of infection is by transmission of streptococci and staph-

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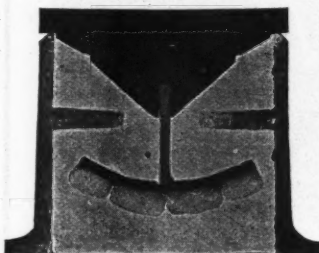


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ylcocci from the mouth of the nurse to the mother, either by expiration or manual contact. Experiments in which cultures were made from agar slabs against which the nurses had breathed from distances of 15 and 30 cm. before and after their mouths had been put in hygienic condition, also from the scrapings from under the disinfected finger-nails before and after the hand had been in contact with the mouth before and after sanitation, showed that innumerable micro-organisms, among which, besides various other pathogenic germs, may be found streptococci and staphylococci, are transmitted from the nurse to the patient by expiration and manual contact, and that careful hygiene of the mouth reduces the danger of such infection to a uniformly small degree. On the basis of these findings, the author makes the timely plea that the following rules for nurses, both in prac-

tice and in training be adopted and rigorously enforced:

(1) Every woman on being admitted to a school for nurses, besides a medical certificate as to her general state of health, must produce a dental certificate attesting to the healthy or hygienic condition of her mouth.

(2) During her training the nurse must be instructed in the importance of oral hygiene and in the rational care of the mouth and teeth. She must especially be enlightened in regard to the dangers arising to maternity patients from any neglect of oral hygiene on her part.

(3) Every year the maternity nurse must submit to the head physician a certificate from a specially appointed dentist attesting the healthy condition of her mouth.

(4) The nurse is obliged to continually devote her fullest attention to the care of her mouth

The Dunn Light

This Picture

Will give you a
pretty good idea of
the efficiency of
the Dunn Light.

The Dunn Light
is built like an
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It is built like an optical instrument in that it throws the white rays of light into the patient's mouth in parallel rays. The light is thrown up by the convex-concave lens, then efficiency of the light is thrown into your patient's mouth in parallel rays. The Dunn Light is set out for two purposes. First, to let the dentist see the patient's teeth as his eyes, shut doesn't know whether you have your light on or off. Second, to illuminate the top of your bracket table so you can see the patient's teeth as they are looking for the instruments you want.

The Dunn Light is the only dental light on the market that keeps the heat away from the patient's face.

It is the only dental light on the market that diffuses the light it throws into the mouth so the patient never sees his own shadow.

With it you can examine your patient at midnight just as well as you can at noon.

If you compare the efficiency of the Dunn Light with any other dental light there is, it is the only one you would like in your office room.

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The best treatment of Gingivitis and Pyorrhea

First—Put your patient on *Sodoxilin* to combat the thing "at the bottom of the trouble—acidemia." You cannot ignore this basic defect and get results. For the oral mucus and saliva become highly acid and lose their natural protective powers when bacterial poisons are absorbed from the bowel. *Sodoxilin* will eliminate the waste matter in which they breed; neutralize their acidity; and check their formation.

Second—Apply *Iodoglycerole* to the gum tissues twice a week. The inflammation is usually deep seated (extending even into the alveolar process) and iodine (in glycerine with zinc iodine) penetrates best and is followed by most satisfying results.

Third—Instruct your patient to use *Gum Wash* daily—the dentifrice that really stops decay and preserves the teeth. It is a hydro-alcoholic solution of zinc sulphocarbolate, pleasantly flavored, and ought to be used with Dr. Talbot's special gum-massage brush. It destroys the bacteria in the mouth, and stimulates and contracts the gums.

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and teeth, and, especially before taking charge of a case, to carefully cleanse and disinfect her mouth.

(5) The text-books for nurses should contain a chapter on dental and oral hygiene, and the chapters on suppuration should also contain references to suppurations in the mouth, especially in connection with carious and ulcerated teeth and roots.—Dr. Guttmann, in *Deutsche Monatschrift*.

ONE STOMACH AGAINST FOUR

The case for the baby has seldom been more concisely put than in a recent address by George W. Goler, health officer of Rochester, N. Y.

"When a little child is born into the world it ought not to find waiting at the threshold a foul disease that will rob it of its sight. Deprived of its mother's milk, with its one little stomach it has to labor hard to digest the milk intended for a big calf baby with four stomachs, even if that milk is free from manure and filth, and as it grows it is overshadowed by the awful menace of the infectious diseases of childhood, by adenoids, tonsillar enlargement and tooth decay.

"Adenoid growths and tonsils, both large and small, together with the infectious diseases of childhood, are responsible for most of the early tooth decay, for the low stature and weight for age, often amounting to as much as eight per cent at the age of fourteen; for the lop-sided ears, red eyelids, and asymmetrical maldevelopment of the face.

"We have prevented many of the hunchbacks, club feet, knock knees, the smallpox and syphilis in the young, even some of the scrofulous scars, but we still have striking physical deformities in the stunted bodies and irregular faces of our children. Among the most evident of these deformities is that produced by tooth decay, and it is first to the relief, and thus to the prevention, of this condition that we must now address our efforts, trusting that in the time

Sibley's Platinac Teeth

Have Led—Because they are the best by test.

Should Lead—Because they give satisfaction.

Always Will Lead—Because they are superior to all others.

Cut 1. The severest test ever given to any Artificial Tooth is 100 lbs. resting upon a single tooth continuously in public view since Feb. 21st, 1906.

Cut 2 shows the way the iron hook rests on the tooth.

Cut 3 is from an enlarged photograph of a PLATINAC TOOTH taken from a plate which the dentist informed us had been in constant wear in the mouth for over six years. The pins show no signs of corrosion or stretching.

This tooth was removed on account of a fracture by a fall of the plate.

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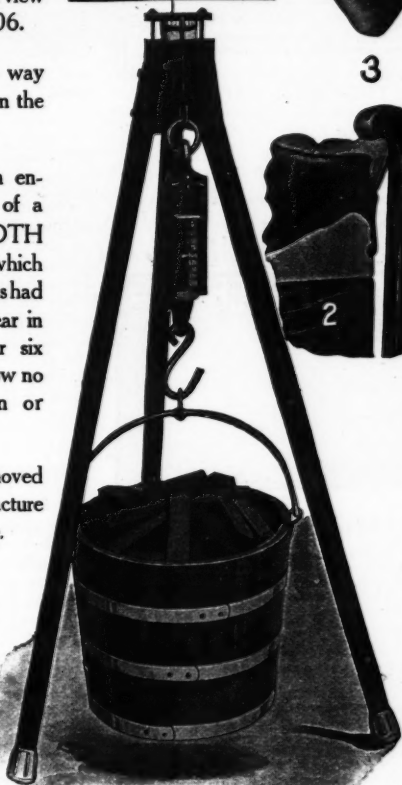
**Gideon
Sibley**
Philadelphia



3



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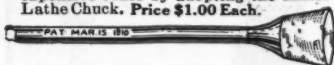


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Of simplicity in construction, ease of application, efficiency for purpose; absolute security—at all times dependable and reliable—a time saver—a money saver—for all laboratory work such as polishing of rubber and other artificial dentures, gold crown and bridge work. No other material is quite as good as cork for the purpose—can be turned up to any desired size or shape with a coarse file. Sold with a guarantee for endurance. Furnished for any laboratory electric, or other lathe head. Order direct or thru your dealer. Eliminate felt and other expensive cones by adopting the Miller Lathe Chuck. **Price \$1.00 Each.**

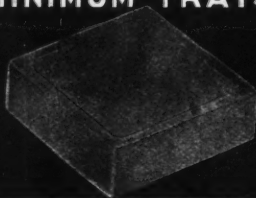
**THE CORK MANDREL**

This should appeal to you. For dental engine, cork is equally efficient for cleaning and polishing the natural teeth, gold crowns, inlays, etc., quickly turned to desired size and shape with fine ribbon saw. Eliminate expensive rubber wheels and brushes. **Sanitary**; once used discarded for new one.

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Here's a picture of one of the most useful things ever made for orderly dentists.

The tray is made of porcelain, and there are twelve of them in a set—nine and two thirds the actual size of the picture, and three a little longer.

The set of twelve is made to fit in the drawer of the ordinary bracket table.

These trays enable you to classify the little things that are always hard to put your finger on.

They look sweet and clean to your patient, and are the first step toward complete aseptic equipment.

Minimum Aseptic Porcelain Trays,
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to come we may so broadly teach the lessons of child hygiene, and we may have such active public support for them that the time will soon arrive, when all children will be of robust body, average stature, and having early been relieved of their adenoids and tonsils, having escaped the so-called infectious diseases of childhood, they will, as a result of the care of the physician and the dentist present in their mouths regular and unfilled sets of teeth. When this time arrives, and come it will, the presence of a prominent filling or a gold crown in the mouth of a child will be a sign to all men that neither the state nor the parent has yet learned the lesson and the value of child hygiene."—*The Dental Summary.*

BULLY FOR KELLEY

Dr. Henry A. Kelley of Portland, Me., made a spirited attack upon Senator Eugene Hale of Maine, at the 16th annual meeting of the Northwestern Dental Association, at the Hotel Somerset. Dr. Kelley alleged that Senator Hale at Washington has opposed all efforts at legislation in favor of giving commissioned rank to the dentists in the army and navy and restoring them to their proper status.—*Boston Traveler.*

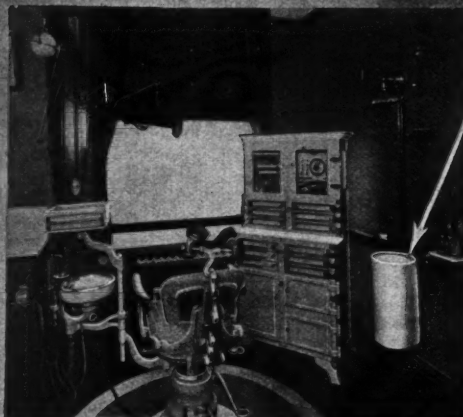
AND NOW MILWAUKEE.

Representative of the Milwaukee County Dental Society Wednesday night appeared before the committee on appropriations and appointments of the school board and offered to provide free clinics for pupils whose parents are unable to afford them proper care. The committee recommended the acceptance of the offer. An office in the city hall will be provided for the clinic.—*Milwaukee Journal.*

The Dentist—"Now, open wide your mouth and I won't hurt you a bit."

The Patient (after the extraction)—"Doctor, I know what Ananias did for a living now."

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The Parker Towel Hamper

Made expressly for Dentists, Physicians and Surgeons

"Perfectly Sanitary"

The bags are made of special woven nonshrinkable white duck. Can be detached instantly from the fixture and washed as often as required.

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The outfit will last a life-time and makes an attractive article out of a thing that is mighty hard to make presentable.

The **Parker Towel Hamper** complete with tubular brass nickeled fixture and Two 21-inch bags.

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ASH'S MINERAL TEETH

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| Sets of 14 (Headed Pin Incisors, Diatric Bicuspid and Molars) | 1.50 |
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PRACTICAL

A very interesting exhibit of dental hygiene is being held this week at the Young Women's Christian Association, No. 376 Schermerhorn Street. The exhibit is creating considerable interest, as the public is coming to realize that the general health of the individual depends on the proper care and sanitary condition of his teeth.

Thursday and Saturday evenings, at 8 p. m., there will be lectures, with stereopticon views, by several dentists on the care of the teeth. These lectures are open to the general public.

The exhibit is under the supervision of the Second District Dental Association of Brooklyn and the Brooklyn Association of Neighborhood Workers.—Brooklyn Citizen.

HIS HEAD WAS HARD

It is a common belief that the negro's head is hard, capable of withstanding almost any blow.

The following story told by a certain prominent young dentist of Danville, Ky., would seem to indicate something of the kind anyhow. Two negro men were employed in tearing down a three-story brick building. One negro was on top of the building taking off the bricks and sliding them down a narrow wooden chute to the ground, some thirty feet below, where the other was picking them up and piling them.

When this latter negro was stooping over to pick up a brick the former accidentally let one fall, striking him directly on the head.

Instead of its killing him he merely looked up, without rising, and said, "What you doin' thar, nigger, you make me bite my tongue."—N. Y. Circle.

First Boy—"Your father must be an awfully mean man. Him a shoemaker and making you wear those old boots."

Second Boy—"He's nothing to your father. Him a dentist and your baby's got only one tooth."

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